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OBSERVATIONS OF YOUNG CHILDREN

Since 1948 the Tavistock Child Development Research Unit has been concerned with recording the manifest responses which commonly occur when children between the ages of about 12 months and 4 years are removed from the mother figures² to whom they are attached and remain with strangers. Preliminary papers and a scientific film have been published (67, 64, 65, 13, 14) and a comprehensive report by James Robertson and the writer is in preparation. In it we shall draw not only on Robertson's own observations and those of other workers reported in the scientific literature, notably those of Burlingham and Freud (17, 18), and Heinicke (42), but also on reports given us by mothers and nurses with first-hand experience of the problem. Since there is a high consensus in these reports we regard it as firmly established empirically that all children of this age, except those who have already suffered considerable deprivation of maternal care or are seriously ill, react to the experience with shock and anxiety. Our confidence in the validity of these observations is something we wish to emphasize since it is not uncommon for those whose theories lead to expectations of a different kind to cast doubt on them. In our view it is the theories which are mistaken, not the observations, and it is with the theoretical issues raised by these data that this paper is concerned.

It is evident, however, that the nature and dynamics of the responses to the rupture of a social bond cannot be understood until there is some understanding of the nature and dynamics

of the bond itself. It was because of this that in a recently published paper (16) I discussed how best the nature of the young child's tie to his mother could be conceptualized. In it I advanced the view that instead of the tie being motivated by a secondary drive or one wholly based on orality, which are the most commonly held views today, it may be mediated by a number of instinctual response systems which are partially independent of one another and which wax and wane in activity at different periods of the infant's and young child's life. I suggested that much psycho-analytic theory, by concentrating attention too narrowly either on the meeting of 'physiological' needs (e.g. for food and warmth) or on orality, may have led to the picture as a whole being seen out of perspective; and that other responses, particularly clinging and following which seem to reach their zenith in the second and third years, require far more attention than they have yet been given.

The reasons leading me to advance these views are clinical: traditional theory has seemed to me to account neither for the intense attachment of child to mother-figure which is so conspicuous in the later months of the first year and throughout the second and third years of life, nor for the dramatic responses to separation from her which are the rule in these years. A formulation, based on a theoretical framework stemming from modern instinct theory, has seemed to me more promising. It is the line of thought begun in the previous paper that I shall pursue further in this one.

First let us consider the data.

¹ An abbreviated version of this paper was read before the British Psycho-Analytical Society on 5 November, 1958.

² Although in this paper I shall usually refer to mothers,

it is to be understood that in every case I am concerned with the person who mothers the child and to whom he becomes attached, rather than to the natural mother.

Our observations³ concern healthy children of 15 to 30 months admitted to a hospital, perhaps for investigation or elective surgery, or to some other residential institution and there cared for in traditional ways. By traditional ways we mean that the child is handled by a succession of strange nurses, mainly students, who will variously bathe, feed, and change him. The nurses will be on shift duty, and often within a few weeks most will have moved to other departments. No matter how kind each may be in her fragment of care, there will be no nurse whom he can come to know or with whom he can enter into a stable relationship. He may see his mother for a short time each day, but it may be less often. In this context a child of 15 to 30 months who has had a normal relationship to his mother and has not previously been parted from her will commonly show a predictable sequence of behaviour. This sequence can usefully be broken into three phases according to what attitude to his mother is dominant. We describe these phases as those of protest, despair, and detachment.⁴ Though in presenting them it is convenient to differentiate them sharply, it is to be understood that in reality each merges into the next, so that the child may be for days or weeks in a state of transition from, or alternation between, one phase and another.

The initial phase, that of *Protest*, may last from a few hours to a week or more. During it the young child appears acutely distressed at having lost his mother and seeks to recapture her by the full exercise of his limited resources. He will often cry loudly, shake his cot, throw himself about, and look eagerly towards any sight or sound which might prove to be his missing mother. All his behaviour suggests strong expectation that she will return. Meantime he is apt to reject all alternative figures who offer to do things for him, though some children will cling desperately to a nurse.

During the phase of *Despair*, which succeeds protest, his preoccupation with his missing mother is still evident, though his behaviour suggests increasing hopelessness. The active physical movements diminish or come to an end, and he may cry monotonously or intermittently. He is withdrawn and inactive, makes no demands on the environment, and appears to be in a state of deep mourning. This is a quiet stage, and sometimes, clearly erroneously, is

presumed to indicate a diminution of distress.

Because the child shows more interest in his surroundings, the phase of *Detachment* which sooner or later succeeds protest and despair is often welcomed as a sign of recovery. He no longer rejects the nurses, accepts their care and the food and toys they bring, and may even smile and be sociable. This seems satisfactory. When his mother visits, however, it can be seen that all is not well, for there is a striking absence of the behaviour characteristic of the strong attachment normal at this age. So far from greeting his mother he may seem hardly to know her; so far from clinging to her he may remain remote and apathetic; instead of tears there is a listless turning away. He seems to have lost all interest in her.

Should his stay in hospital or residential nursery be prolonged and should he, as is usual, have the experience of becoming transiently attached to a series of nurses each of whom leaves and so repeats for him the experience of the original loss of his mother, he will in time act as if neither mothering nor contact with humans had much significance for him. After a series of upsets at losing several mother-figures to whom in turn he has given some trust and affection, he will gradually commit himself less and less to succeeding figures and in time will stop altogether taking the risk of attaching himself to anyone. Instead he will become increasingly self-centred and, instead of directing his desires and feelings towards people, become preoccupied with material things such as sweets, toys, and food. A child living in an institution or hospital who has reached this state will no longer be upset when nurses change or leave. He will cease to show feelings when his parents come and go on visiting day; and it may cause them pain when they realize that, although he has an avid interest in the presents they bring, he has little interest in them as special people. He will appear cheerful and adapted to his unusual situation and apparently easy and unafraid of anyone. But this sociability is superficial: he appears no longer to care for anyone.

We have had some difficulty in finding the best term to denote this phase. In previous papers and in the early drafts of this one the term 'denial' was used. It gave rise to many difficulties, however, and is now abandoned in favour of the more purely descriptive term 'de-

³ This account is adapted from those given in (67) and (65).

⁴ In the previous paper and the early drafts of this one

the term 'denial' was used to denote the third phase. The problem of terminology is discussed more fully after the phase of detachment has been described.

tachment'. An alternative is 'withdrawal', but this has two disadvantages for my purpose. In the first place there is a danger that it might convey the picture of an inactive child withdrawn from the world, a picture that is the opposite of what often obtains. In the second, in psycho-analytic writing it is commonly associated with libido theory and the idea of instinct as a quantity of energy which can be withdrawn, a model I am not using. Not only does the term 'detachment' have neither of these disadvantages, but it is a natural counterpart of 'attachment'. The nature of the defence process, or processes, that give rise to it is of course a matter for detailed study. In an earlier publication (14) I have discussed briefly its relation to repression and I hope at a later date to give this further attention.

Returning now to the empirical data, I wish to emphasize that the behaviour seen in the phases of Protest and Despair is not, as is sometimes alleged, confined to children whose relations to their mothers are already impaired. Though we have no large series of well-observed cases to quote, we are satisfied that there is clear evidence that it occurs in children whose previous relationships would be judged to have been anything between excellent and fairly unfavourable. It appears to be only in children whose relationships are already severely impaired, and who may therefore already be in a phase of Detachment, that such behaviour is absent.

In examining the theoretical problems raised by these observations it is convenient to consider them with reference to these three phases of behaviour. The phase of Protest raises the problem especially of separation anxiety; Despair that of grief and mourning; Detachment that of defence. Each of them is central to psycho-analytic theory and will therefore need detailed discussion—the first in this paper, the second and third in succeeding ones. The thesis to be advanced is that the three types of response—separation anxiety, grief and mourning, and defence—are phases of a single process and that when treated as such each illumines the other two.

Often in the literature they have been considered piecemeal. The reason for this appears to be the inverted order in which their psychopathological significance was discovered: for it was the last phase which was recognized first, and the first last. Thus the significance of defence, particularly repression, was realized fully by Freud in the earliest days of his psycho-

analytic work and provides the basis of his classical theorizing: his first paper on the subject is dated 1894 ('The Defence Neuro-Psychoses', C.P. 1). His grasp of the roles of grief and separation anxiety on the other hand, although not wholly absent in his earlier work, was none the less fragmentary. Thus, although early alive to the place of mourning in hysteria and melancholia (see note of 1897 to Fliess, S.E. 14, p. 240), twenty years were to elapse before, in *Mourning and Melancholia* (1917), he gave it systematic attention. Similarly in the case of separation anxiety: although in the *Three Essays on Sexuality* (1905) he gave it a paragraph (S.E. 7, p. 224), and in the *Introductory Lectures* (1917) three pages (pp. 339–341), it is not until 1926 that in his important late work, *Inhibitions, Symptoms and Anxiety* (S.E. 20), he gives it the central place in what was to be his final theory of anxiety. 'Missing someone who is loved and longed for,' he affirms, 'is the key to an understanding of anxiety', and it is on this datum that the whole argument of his book rests.

The reason for this inverse recognition of the three phases is clear: always in the history of medicine it is the end result of a pathological sequence which is first to be noted. Only gradually are the earlier phases identified, and it may be many years before the exact sequence of the whole process is understood. Indeed it was understanding the sequence which baffled Freud longest. Does defence precede anxiety, or anxiety defence? If the response to separation is pain and mourning, how can it also be anxiety? (S.E. 20, pp. 108–109 and 130–131). It can now be seen that during the thirty years of his main psycho-analytic explorations Freud traversed the sequence backwards, from end result to initial stage. Not until his seventieth year did he clearly perceive the source and course of the processes to which he had devoted half a lifetime of study. The effects on psycho-analytical theorizing have inevitably been confusing.

By 1926 a substantial corpus of psycho-analytic theory was already being taught. As regards anxiety, castration anxiety and superego anxiety were cornerstones of thought and practice in Vienna and elsewhere, whilst Melanie Klein's hypothesis relating anxiety to aggression had recently been formulated and, linked to the concept of the death instinct, was soon to become a key concept in a significant new system. The full weight of Freud's ideas on separation anxiety and its relation to mourning came too

late to influence the development of either of these two schools of thought.

Moreover, apart from the prophetic early reference by Hug-Hellmuth (47) and a brief word by Bernfeld (9), some years were to pass before the clinical papers drawing attention to the pathogenic significance of separation experiences were published. Some of the earliest, by Levy (57), Bowlby (10, 11), and Bender (7), presented empirical evidence suggesting an aetiological relationship between certain forms of psychopathic personality and severely disrupted mother-child relationships. At about the same time, Fairbairn (23, 24) was basing his revised psycho-pathology on separation anxiety, having been preceded by some years by Suttie (73) and to be followed a few years later by Odier (61); whilst Therese Benedek (8) was describing responses to separation, reunion and bereavement which were to be observed in adults during the war. Meanwhile the first-hand observations of Dorothy Burlingham and Anna Freud (17, 18) of how young children respond to separation were being recorded, and Spitz (69a) was about to shock those who had eyes to see with his account of extremely deprived babies. Despite all this work by qualified analysts, however, and a number of important papers by Goldfarb (33) and others, separation anxiety has never gained a central place in psycho-analytic theorizing. Indeed Kris (56a), writing as a participant in the Viennese scene, remarked recently how, when in 1926 Freud advanced his views regarding separation anxiety, 'there was no awareness amongst analysts . . . to what typical concrete situations this would apply. Nobody realized that the fear of losing the object and the object's love were formulae to be implemented by material which now seems to us self-evident beyond any discussion.' He acknowledged that only in the past decade had he himself recognized its significance, and could have added that even today there are schools of analytic thought which deny its importance. The continuing neglect of separation anxiety is well illustrated by a recent and authoritative survey of 'the concept of anxiety in relation to the development of psycho-analysis' (78) in which it is not once mentioned.

In the event, it is clear, some of the ideas Freud advanced in *Inhibitions, Symptoms and Anxiety* fell on stony ground. This was a pity, since in that book, written at the end of his professional life, he was struggling to free himself of the perspective of his travels—defence, mourn-

ing, separation anxiety—and instead to view the sequence from his new vantage point: the priority of separation anxiety. In his concluding pages he sketches out a new route: anxiety is a reaction to the danger of losing the object, the pain of mourning to the retreat from the lost object, defence a mode of dealing with anxiety and pain. This is the route we shall be following.

PRINCIPAL THEORIES

No concept is more central to psycho-analytical theory than the concept of anxiety. Yet it is one about which there is little consensus of opinion, which accounts in no small measure for the divisions between different schools of thought. Put briefly, all analysts are agreed that anxiety cannot be explained simply by reference to external threat: in some way processes usually thought of as internal and instinctive seem to play a crucial role. But how these inner forces are to be conceptualized and how they give rise to anxiety, that has always been the puzzle.

As a result of this state of affairs we find, when we come to consider how analysts conceive separation anxiety, some widely differing formulations; for each formulation is strongly influenced by the particular outlook regarding the nature and origin of anxiety which the analyst happens to have. Moreover, the place given to separation anxiety within the wider theory of anxiety varies greatly. For some, like Hermann and Fairbairn, separation anxiety is the most important primary anxiety; for others, like Freud in both his earlier and later work, it is only the shortest of steps removed from being so; for others again, like Melanie Klein and her associates, separation anxiety is deemed to be secondary to and of less consequence than other and more primitive anxieties. This being the present state of thought, inevitably the discussion has to touch on all aspects of the theory of anxiety. Yet it will be my plan to restrict the wider discussion as far as possible in order to concentrate on the task in hand, namely to understand separation anxiety and its relation to mourning.

A review of the literature shows that there have been six main approaches to the problem of separation anxiety; three of them are the counterparts, though not always the necessary counterparts, of theories regarding the nature of the child's attachment to his mother. In the

order in which they have received attention by psycho-analysts, they are:—

(i) The first, advanced by Freud in *Three Essays* (1905), is a special case of the general theory of anxiety which he held until 1926. As a result of his study of anxiety neurosis (1894) Freud had advanced the view that morbid anxiety is due to the transformation into anxiety of sexual excitation of somatic origin which cannot be discharged. The anxiety observed when an infant is separated from the person he loves, Freud holds, is an example of this, since in these circumstances the child's libido remains unsatisfied and undergoes transformation. This theory may be called the theory of *Transformed Libido*. It resembles in many ways the sixth main approach, which is the one adopted here.

(ii) The anxiety shown on separation of young children from mother is a reproduction of the trauma of birth, so that birth anxiety is the prototype of all the separation anxiety subsequently experienced. Following Rank (63) we can term it the *Birth-Trauma* theory. It is the counterpart of the theory of return-to-womb craving to account for the child's tie.

(iii) In the absence of the mother the infant and young child is subject to the risk of a traumatic psychic experience, and he therefore develops a safety device which leads to anxiety behaviour being exhibited when she leaves him. Such behaviour has a function: it may be expected to ensure that he is not parted from her for too long. I shall term this the *Signal* theory, employing a term introduced by Freud (*Inhibitions, Symptoms and Anxiety*, 1926). It is held in three variants according to how the traumatic situation to be avoided is conceived. They are: (a) that the traumatic situation is an economic disturbance which is caused when there develops an accumulation of excessive amounts of stimulation arising from unsatisfied bodily needs; (b) that it is the imminence of a total and permanent extinction of the capacity for sexual enjoyment, namely aphanisis (50). (When first advanced by Jones as an explanation of anxiety, the theory of aphanisis was not related to the anxiety of separation; two years later, however, he sought to adapt it so as to fit in with Freud's latest ideas). Finally (c), there is the variant proposed by Spitz (70) that the traumatic situation to be avoided is one of narcissistic trauma. It should be noted that in the history of Freud's thought the *Signal* theory stems from,

and is in certain respects the counterpart of, the theory which explains the child's tie to his mother in terms of secondary drive.

(iv) Separation anxiety results from the small child, owing to his ambivalence to his mother, believing when she disappears that he has eaten her up or otherwise destroyed her, and that in consequence he has lost her for good. Following Melanie Klein (55) we can call it the theory of *Depressive Anxiety*.

(v) Following the projection of his aggression, the young child perceives his mother as persecutory: as a result he interprets her departure as due to her being angry with him or wishing to punish him. For these reasons whenever she leaves him he believes she may either never return or do so only in a hostile mood, and he therefore experiences anxiety. Again following Melanie Klein, this can be termed the theory of *Persecutory Anxiety*.

(vi) Initially the anxiety is a primary response not reducible to other terms and due simply to the rupture of the attachment to his mother. I propose to call it the theory of *Primary Anxiety*. It is the counterpart to theories which account for the child's tie to his mother in terms of component instinctual responses. It has been advanced by James (49), Suttie (73) and Hermann (44), but has never been given much attention in analytic circles.

The hypothesis I shall be adopting is the sixth, since it stems directly from my hypothesis that the child is bound to his mother by a number of instinctual response systems, each of which is primary and which together have high survival value. Soon after birth, it is held, conditions of isolation tend to activate crying and a little later tend to activate both clinging and following also; until he is in close proximity to his familiar mother-figure these instinctual response systems do not cease motivating him. Pending this outcome, it is suggested, his subjective experience is that of primary anxiety; when he is close to her it is one of comfort.

Such anxiety is not to be conceived merely as a 'signal' to warn against something worse (though it might subsequently come to have this function). Instead, it is thought of as an elemental experience and one which, if it reaches a certain degree of intensity, is linked directly with the onset of defence mechanisms. It is because of this, and because I wish to distinguish it sharply from states of anxiety dependent on foresight, that I have termed it *Primary Anxiety*.⁵

⁵ As explained in my previous paper (16), 'the terms primary and secondary refer to whether the response is built-in and inherited or acquired through the process of learning.'

Although I believe states of primary anxiety due to separation to be among the most frequent and pathogenic of such states, it is postulated that primary anxiety will arise in other circumstances also—perhaps whenever any instinctual response system is activated but not terminated. Primary anxiety due to separation seems likely, therefore, to be but one example of a common condition. It has, however, several special features. Not least of these is its specially close linkage in infants and young children to the experiences of fright and fear. When frightened, infants and young children look to their mother for security and if they fail to find her are doubly upset: both comfort and security are missing.

It is interesting, though by no means easy, to compare the theory of primary anxiety with Freud's two theories. The similarity to his original one of Transformed Libido is close. Although on occasion Freud spoke as though libido could only be transformed into anxiety after it had first been repressed, this does not appear to be basic to his formulation. Indeed, in his discussion of the conditions which lead anxiety to become pathological the process inculpated is repression ('Little Hans', *S.E.* 10, p. 26); in the absence of repression, we may therefore infer, there would still be anxiety, but it would be within normal limits. If this is a correct reading, then the main difference appears to be that, whereas in the theory advanced here primary anxiety is an immediate consequence of the persistent activation without termination of certain instinctual response systems, in Freud's theory anxiety is conceived as being the result of a 'transformation' which the libido undergoes.

The theory of primary anxiety appears to differ more from Freud's second theory, that of Signal Anxiety, than from his first. The principal difference here is that Freud postulates that a fairly complex process of motor learning must have occurred. The other difference, though it is not logically necessary for his position, is that he postulates also some awareness in the infant of causal relationships. The theory advanced here on the other hand makes no such assumptions and, instead, sees the anxiety as primitive and dependent only on simple orientational learning. Nevertheless, it must be remembered, Freud also postulated the existence of a primitive biologically based anxiety which is evoked by separation, and it is therefore useful to compare the two views. In Freud's theory this primitive

anxiety is conceived as resulting from the instincts serving the infant's *bodily needs*, e.g. for food, becoming active and not being satisfied: in the theory here advanced it is conceived as resulting from the *instinctual response systems underlying attachment behaviour* (notably crying, following, and clinging) becoming activated and remaining so. Thus in both cases the primitive anxiety is conceived as resulting from instinctual systems which, whilst gratified by the mother's actions or presence, remain ungratified in her absence; or, in terms of the conceptual framework used here, from instinctual responses which, whilst terminated by the mother's actions or presence, remain unterminated in her absence. The essential difference therefore lies in the nature of the instinctual systems postulated as being involved.

At first sight the theory of primary anxiety may also seem to have something in common with the Birth Trauma theory. For instance, some might argue that, if anxiety is experienced at birth, it is no more than one example of primary anxiety arising from separation. However, this seems to me improbable since, like Freud (*S.E.* 20, pp. 130–131), I am not satisfied that true separation anxiety is present in the earliest months.⁶ The birth trauma theory is not regarded as having explanatory value.

Whilst the theory of primary anxiety postulates that separation anxiety is itself an unlearned and biologically based anxiety, it is far from blind to the existence and pathogenic importance of anxieties which are dependent on learning and anticipation. In the human it seems useful to distinguish at least two main forms of anticipatory behaviour—that based on primitive forms of learning, such as conditioning, and that based on memory organized by means of symbols. As soon as infants can be conditioned, which is very early, they can acquire a simple form of anticipatory behaviour and, in so far as the events to which they are conditioned are disagreeable, such for example as pain, hunger, or lack of human contact, they may be supposed to experience anxiety. This I shall term *Conditioned Anxiety*. Cognitively, it is still rather a primitive form of anxiety and in many ways more closely resembles primary anxiety than the form next to be described. Later, when the infant develops his capacity for using symbols and can thereby construct a world of objects existing in time and space and interacting causally, he is able to

⁶ This is discussed on p. 102 of this paper.

develop some measure of true foresight. Should the foreseen events be of a kind he has learned are disagreeable, he will once again experience anxiety. This I shall term *Expectant Anxiety*. Once this level of psychic organization is reached many kinds of danger, real and imaginary, may be foreseen and responded to. For example, whatever may occur at more primitive levels, at this level both persecutory and depressive anxieties play a crucial role; for anything which leads the child to believe he either has destroyed or alienated his mother, or may do so, cannot fail to exacerbate his expectant anxiety of temporary or permanent separation.

It is to be noted that originally the theories of persecutory and depressive anxiety were advanced by Melanie Klein independently of the problem of separation anxiety; and that, moreover, persecutory and depressive anxieties are conceived by her as existing, initially at least, in very primitive form either from birth or from the earliest weeks. Their manifestations at a higher level of psychic organization, she holds, are to be understood as stemming from these primitive roots. I remain sceptical of this view. It is therefore necessary to emphasize that such formulations are not indispensable to the concepts of persecutory and depressive anxiety: there is no need for their role at a higher level of psychic organization to be conceived as stemming from more primitive roots. That they play an immensely important role in the more developed psychic organizations, not least in exacerbating separation anxiety and raising it to pathological levels, there can be no doubt. In this paper, therefore, persecutory and depressive anxieties will be treated as of major consequence in the elaboration of separation anxiety at a higher level of psychic organization, whilst leaving as an open question their existence and role at a more primitive level.⁷

PRIMARY ANXIETY, FRIGHT, AND ANXIETY DEPENDENT ON LEARNING

It is my belief that the theory of instinctual responses deriving from ethology and advanced in my previous paper permits a new approach. The heart of this theory is that the organism is provided with a repertoire of behaviour patterns, which are bred into it like the features of its anatomy and physiology, and which have be-

come characteristic of its species *because of their survival value to the species*. Such, it was suggested, are many of the responses characteristic of the family life of Man, namely those mediating relationships between the sexes and between parents and young. This provides an instinct theory having much in common with Freud's theory of part-instincts and his notion of the 'blind' strivings of the id.

Before applying this theory to separation anxiety as the particular problem under examination, however, it is necessary to review the whole problem of anxiety and fear reactions afresh. In doing so four conditions will be delineated each of which, it is believed, although in essence very different from the others, contributes in a special way to our problem. These are primary anxiety, fright, conditioned anxiety, and expectant anxiety.

In grasping the theory to be advanced it is vital to distinguish sharply between the concept of self-preservation and that of species survival: probably all biologists would regard the first, when conceived as an 'instinct of self-preservation', as one of the most influential of misleading theories, the second as one of the most pregnant concepts in the history of biology. The notion of an instinct of self-preservation posits a force or set of forces which is designed to ensure that *a particular individual* is preserved. The notion of species survival, which stems from evolution theory, points on the other hand to the fact that any biological character which is advantageous to *the species* tends to be perpetuated (through processes of natural selection and heredity), whilst any that are not so advantageous tend, over the course of generations, to be dropped out. It is true that often what is advantageous for the species is also advantageous for the individual; but there is no guarantee of identity of interest, and where they conflict it can be that it is the interests of the individual which go to the wall. That anatomical and physiological characteristics are subject to this rule has long been recognized. The conspicuous plumage of many birds, which is indispensable to their success in mating, may be most disadvantageous to their safety. The interests of individual survival are sacrificed; the interests of species propagation are paramount. That psychological characteristics are subject to the same law has, thanks

⁷ For this abridged version a critical examination of psycho-analytical theories relating to separation anxiety has been omitted. It is being published as a separate paper in the *Journal of Child Psychology and Psychiatry* and will

also be included in the full version of this paper to be published in a forthcoming volume of the International Library of Psycho-Analysis.

largely to the superficial plausibility of the self-preservation theory, been slow to be appreciated. Yet it is clear that all psychological characteristics which have been developed because of their species survival value *must* be so subject, and these must include any characteristics to which the term instinctual is applied. For these reasons, in discussing the theory of anxiety and fright reactions, no references will be made to the concept of self-preservation. Instead we shall be thinking in terms of species-specific behaviour patterns, or instinctual response systems as I prefer to call them,⁸ which are present because of their survival value to the species and which operate, at least initially, in the blind and automatic way regarded by Freud as characteristic of the id.

In the previous paper I described some of the characteristics of what I termed instinctual response systems which are to be culled from the recent work of ethologists: 'The basic model for instinctive behaviour is thus a unit comprising a species-specific behaviour pattern (or instinctual response) governed by two complex mechanisms, one controlling its activation and the other its termination. Although sometimes to be observed active in isolation, in real life it is usual for a number of these responses to be linked together so that adaptive behavioural sequences result.' I proceeded to consider 'how as humans we experience the activation in ourselves of an instinctual response system'. When the system is active and free to reach termination, it seems, we experience an urge to action accompanied, as Lorenz (59) has suggested,⁹ by an emotional state peculiar to each response. There is an emotional experience peculiar to smiling and laughing, another peculiar to weeping, yet another to sexual foreplay, another again to temper. When, however, the response is not free to reach termination, our experience may be very different; we experience tension, unease, anxiety. It is this line of thought I wish to pursue.

The hypothesis advanced is that, whenever an instinctual response system is activated and is unable for any reason to reach termination, a form of anxiety results. The blockage may be of many different kinds. In some cases the en-

vironment may fail to provide the terminating conditions, as for example when there is sexual arousal in the absence of an appropriate partner. In other cases two or more instinctual responses may be active but incompatible, for example, attack and escape. In other cases again, the blockage may be associated with fear or guilt, or some deeper inhibition. No doubt the particular form of blockage will influence outcome; here, however, I wish to emphasize only the common feature. No matter what the nature of the blockage, it is postulated, if an instinctual response system is activated and unable to reach termination, changes occur both in behaviour (namely in psychological and physiological functioning) and also in the subjective experience of the individual himself. When it rises above a moderate level it gives rise to the subjective experience of anxiety. To distinguish it from other forms of anxiety I am terming it primary anxiety.

Whether in fact every kind of instinctual response system which is active and unable to reach termination is accompanied by primary anxiety needs further exploration. So too do the behavioural accompaniments of anxiety. Both the physiological and the psychological components seem likely to be in large part unlearned and thus in some respects to resemble instinctual responses. The psychological components are of course of great consequence for psychoanalysts; since, however, they are intimately related to defence mechanisms, it will be best to postpone a discussion of them until a later paper.

Let us now consider *fright*. Fright, it is suggested, is the subjective experience accompanying at least two related instinctual response systems—those leading on the one hand to escape behaviour, and on the other to alert immobility or 'freezing'. It is to be noted that as so defined it *does not presuppose any conscious awareness of danger*. Instead, it is conceived as being the accompaniment of certain instinctual response systems whenever they are activated. Like all instinctual response systems, those governing escape and 'freezing' are conceived as systems built into the organism and perpetuated by heredity because of their survival value. It is possible that there are more than two kinds of instinctual response systems associated with

⁸ In an earlier paper (15) I have used the term 'instinctual response' to refer both to the behaviour and to the hypothetical internal structure which, when activated, is presumed to lead to the behaviour. To avoid this confusion I am now using the term 'instinctual response system' for the hypothetical internal structure, and limiting the term 'instinctual response' to the active

behavioural response, including both the motor behaviour pattern and its physiological and psychological concomitants.

⁹ A similar view, though coupled with a materially different theory of instinct, was advanced by McDougall (60).

fright, but, since they do not form the subject of this paper, this possibility will not be explored.¹⁰

Unlike some response systems, such as those relating to sexual behaviour which are sometimes activated by purely internal changes, the systems governing escape and 'freezing' seem almost invariably to require some external condition for their activation. Amongst those to which they appear to be naturally sensitive are loud noises, sudden visual changes (e.g. fast-moving objects), extremes of temperature, physical pain, and mere strangeness.¹¹ At this elemental level of instinctual behaviour, the individual does not structure his universe into objects interacting causally to produce situations, some of which are expected to prove dangerous and others harmless. On the contrary, so long as he is operating on this level his responses are rapid and automatic. They may or may not be well adapted to the real situation. The individual flees or remains immobile not because he has any clear awareness of danger but because his flight or 'freezing' responses have been activated. It is because the response is automatic and blind that I regard the term 'fright' as better than 'fear' to denote its subjective accompaniment. (The word 'fear', it is suggested in the Appendix, may most conveniently be limited to denote the subjective state accompanying escape and 'freezing' whenever the cognitive component of these responses is at a higher level, namely whenever there is a clear conception of what object it is which has activated them.)

Thus far in our analysis primary anxiety and fright, though having in common the character of being automatic and blind, are conceived as very different states. Whereas primary anxiety is the subjective accompaniment of many, perhaps all, instinctual response systems when impeded, fright is the accompaniment of a couple or so of related response systems when activated. In the infancy of many species, however, special conditions operate which lead to a close connectedness between the two which I believe to be of vital importance for understanding separation

anxiety. This becomes clear as soon as we examine the *situations which terminate escape responses*,¹² a matter usually given scant attention.

When the escape response of an animal is activated at only low intensity, mere removal from the activating conditions suffices to terminate it. This is no longer so when it is activated at high intensity. On such occasions in the natural environment animals escape not only *from* situations but *to* situations. A frightened rabbit bolts to its burrow, a fox to its earth, a band of baboons to their selected tree. Not until they have reached their preferred *haven of safety* do they rest. Burrow, earth, and tree are terminating situations, in each case be it noted often limited (on the principle of monotropy)¹³ to a *particular* burrow, a *particular* earth and a *particular* tree (or group of trees). In humans the subjective accompaniment of reaching the haven of safety is a sense of security.

Young animals also escape *to* a situation. In their case, however, the situation is often not a place but *another animal*—usually the mother. This is true of individuals of many genera, from fish to primates. The human toddler escapes from a situation which has frightened him to his mother; other primate infants do the same (76, 40). Probably for all, *the haven of safety which terminates escape responses and brings a sense of security is proximity to mother*.¹⁴

Thus we find that escape responses share with crying, clinging, and following the same terminating situation. The frightened baby, it might be said, is both 'pushed' toward his mother by his escape responses and 'pulled' toward her by his clinging and following responses. This is a striking conclusion. Primary anxiety, due to the non-termination of response systems mediating attachment behaviour, and fright, due to the activation of escape responses, are more intimately related than our initial sharp differentiation of them seemed to make likely. The question arises, even, whether the two groups of response system—namely those mediating escape

¹⁰ The possibility that a single emotion, fright, may accompany more than one instinctual response system suggests that Lorenz's hypothesis that each response is accompanied by an emotional state peculiar to itself may need modification.

¹¹ See the discussion by Thorpe (74, p. 390). Several workers (e.g. Hinde, 45) have shown that, paradoxically, strangeness evokes both escape and curiosity, and that there is a complex balance between the two competing response systems.

¹² Such situations have been termed 'consummatory situations' by Bastock, Morris and Moynihan (6) and

by Hinde (46). In my view, however, partly because of the usefulness of the verb 'to terminate', a preferable term is 'terminating situation'.

¹³ See (16), p. 370.

¹⁴ The term 'haven of safety' has been introduced by Harlow and Zimmermann (40). In describing their very interesting experiments with rhesus monkeys they write: 'One function of the real mother, human or sub-human, and presumably of a mother surrogate, is to provide a haven of safety for the infant in times of fear or danger.' See also Harlow (39).

and those mediating attachment behaviour—are really different. May we, instead, be dealing with the activating and terminating ends of a single group of systems? The possibility needs examination.

Reflection suggests that neither view may be adequate. In the first place, as we have seen, escape is closely linked with the very different response system of 'freezing'. Furthermore the terminating conditions of escape are often different from those of the response systems mediating attachment; thus the mere presence of the individual in a special location, or proximity to a mate, may each prove a haven of safety. Not only is 'freezing' very different from the behaviour patterns of crying, clinging, and following, but to be present in a location, if not to be in the proximity of a mate, is very different from the conditions which terminate attachment behaviour. Thus it seems useful for some purposes to distinguish two sets of instinctual response systems. Nevertheless, the discussion serves to show how intricately linked, through the existence of common activating and terminating conditions, these different systems tend to be and how misleading it would be were we to make a sharp division of them into two separate groups. Indeed, the adoption of a theory of instinctual behaviour such as that advocated here enables us to get away from any notion that each 'instinct' is entirely distinct from every other. Instead, it provides a flexible conceptual tool which promises to do justice to the complexities of the data.

So far we have been dealing only with those subjective experiences which accompany behaviour that is still at a primitive level. As conceived here, both primary anxiety and fright are the subjective components of instinctual response systems which are activated by certain conditions (part internal and part external, part unlearned and part learned by processes of conditioning) and which operate automatically. Not until the individual can structure his universe in terms of objects existing in time and space and causally related to one another can he develop the notion of a situation which is *potentially* dangerous. This leads us to differentiate a new class of behaviour with its own characteristic subjective accompaniment: these I shall term respectively *avoidance behaviour* and *expectant anxiety*.

As soon as the individual, whether human infant or a member of an infra-human species,

has reached a stage of development in which some degree of foresight is possible, he is able to predict situations as dangerous and to take measures to avoid them. In this he is exercising a far more complex function that is required for instinctual responses and one which Freud habitually attributed to the ego.

At least three sorts of danger situation are distinguishable, though for reasons already given there is some overlap between them. They are:

- (a) Situations in which the individual believes he is likely to be assailed by external stimuli which he finds (either 'naturally' or through learning or both) to be disagreeable and/or noxious and which, if realized, would activate his instinctual response systems of escape and freezing.
- (b) Situations in which the individual believes he is likely to lose that external condition which terminates his escape responses, namely his haven of safety.
- (c) Situations in which the individual believes certain of his instinctual responses will be activated without conditions for terminating them being likely to be present. Some such situations are already covered under (a) or (b); an example of one which is not is the prospect of sexual arousal in the absence of conditions for satisfaction.

The anticipation of any of these kinds of situation, and particularly the first two which appear to be the main ones, at once motivates him to take action intended to avoid their developing. Such 'action' may be of many kinds and will vary both in regard to the decisiveness with which a plan is made and in regard to whether or not it is actually executed. Irrespective of the mode of action resulting and irrespective, too, of which kind of danger situation is anticipated, the subjective states accompanying anticipation and avoidance appear to be the same: they are those of expectant anxiety.

The division of danger situations into two main classes, namely (a) and (b) above, is consistent with the empirical findings presented in a recent paper by Dixon, de Monchaux and Sandler (20): a statistical analysis of patients' fears showed that they tend to cluster into 'fear of hurt' and 'fear of separation'.¹⁵ As these authors point out, moreover, it is consistent with Freud's distinction between anxieties relating to

¹⁵ The secondary drive theory, which they invoke to account for the child's tie to his mother and for separation anxiety, is not necessary to an interpretation of their data.

castration and those associated with loss of object. It will be clear, however, that the two classes I have defined are more inclusive than Freud's: in the scheme presented here castration anxiety and separation anxiety each represent a particular albeit important example of a broader class. The third class defined above, (c), was the first to be discussed by Freud and is present in his theorizing from 1894 onwards (*C.P.* 1, p. 76).

It may perhaps be asked why the term 'anxiety' has been chosen to denote, in combination with a qualifying word, two such different emotional states as are referred to by 'primary anxiety' and 'expectant anxiety'. There are two reasons. First, as Freud pointed out (*S.E.* 20, p. 165), anxiety carries with it a note of uncertainty. This is true both of primary anxiety, where it is uncertain whether or not the individual will reach a terminating situation, and of expectant anxiety, where the subject is uncertain whether or not he can prevent the danger situation materializing. The second reason is that I believe both classes play a large part in the genesis of neurotic anxiety. A note on questions of terminology, with particular reference to Freud's usage, will be found in the Appendix.

This is a convenient moment to attempt a summary. We have now differentiated three classes of situation and three classes of behaviour, together with the corresponding subjective accompaniments to which they commonly give rise. The word 'commonly' is of importance, since situations can evoke behaviour (and its corresponding subjective experience) only when the organism is in an appropriate state. In the following tabulation the organism is assumed to be in such a state:

In real life more than one situation may be present at once and behaviour of more than one kind and level result. Thus at the sound of an air-raid warning each member of a family may experience expectant anxiety in regard to the possibility of harm coming both to themselves and their loved objects and may take precautions accordingly; whilst the whistle of a bomb may excite both escape and clinging responses simultaneously. Although in them the function of foresight, dependent on an appreciation of causal relationships, may be well developed, the example serves to emphasize that the primitive non-foresightful instinctual responses none the less persist. During the course of development, it seems, we move from a condition in which we possess only the more primitive response systems to a condition in which we are equipped not only with these but also with the capacity for foresightful action. During maturity the extent to which primitive instinctual responses, action based on foresight, or both in combination are likely to mediate our behaviour on a particular occasion is a complex matter. It is one to which I hope to give further attention in a later paper on defences.

Before proceeding to a systematic discussion of separation anxiety, I wish to emphasize afresh that, although we have become caught up in sketching part of a revised theory of anxiety, this is not the purpose of the paper. Our problem is that of trying to understand separation anxiety. Adequately to formulate a comprehensive theory of anxiety would require a broader approach: in particular it would need to give close attention to anxiety arising from the threat of psychic disorganization.

<i>Situations</i>	<i>Behaviour</i>	<i>Subjective accompaniment</i>
1. Which activate an instinctual response system without providing for its termination	Persistent activation of response	Primary anxiety
2. Which activate instinctual response systems mediating escape or 'freezing'	Escape or 'freezing'	Fright
3. Which, if no action is taken, it is anticipated will so develop that (a) instinctual response systems mediating escape or 'freezing' will be activated (b) the haven of safety will be lost (c) an instinctual response system will be activated in conditions unlikely to provide for its termination	Avoidance	Expectant anxiety

INGREDIENTS OF SEPARATION ANXIETY

From the foregoing it will be clear that, according to the hypothesis advanced, separation anxiety is initially a form of primary anxiety, with or without the addition of fright, and that, as the infant develops, anxiety based on learning comes to be added. The reasoning behind this hypothesis has already been presented. My confidence in it springs from my belief that it provides a better explanation of observations of infants and young children than do other hypotheses and is enhanced by the fact that it seems also to fit comparable observations of the young of other species. These will be reviewed.

In very many species of bird and mammal the young show signs of anxiety when removed from their parents. The 'lost piping' of young ducklings who have become attached to and have temporarily lost a mother figure is a familiar example. The behaviour of infant chimpanzees in such situations is well recorded. Since it resembles closely, though in slightly exaggerated form, what we see in humans and seems almost certainly to be homologous, it is instructive to examine it. I shall draw on three accounts. Two (53, 41) give detailed information about two infant chimpanzees who were 'adopted' and brought up in a human home; the third, that by Yerkes (76), who had prolonged experience of young chimpanzees living in captivity with their own parents, presents generalizations based on many cases. All three agree on the intensity of protest exhibited and, by implication, the anxiety experienced when a baby chimpanzee loses its mother-figure.

Mrs. Hayes recounts how Vicki, a female whom she adopted at 3 days, would, when aged 4 months, cling to her foster-mother 'from the moment she left her crib until she was tucked in at night. . . . She sat on my lap while I ate or studied. She straddled my hip as I cooked. If she were on the floor, and I started to get away, she screamed and clung to my leg until I picked her up. . . . If some rare lack of vigilance on her part let a room's length separate us, she came charging across the abyss, screaming at the height of her considerable ability.'

The Kelloggs, who did not adopt their female chimp, Gua, until she was 7 months old and who kept her for 9 months, report identical behaviour. They describe 'an intense and tenacious impulse to remain within sight and call of some friend, guardian, or protector. Throughout the entire nine months . . . whether indoors or out, she almost never roamed very far from

someone she knew. To shut her up in a room by herself, or to walk away faster than she could run, and to leave her behind, proved, as well as we could judge, to be the most awful punishment that could possibly be inflicted. She could not be alone apparently without suffering.'

It is of course possible to assume that such behaviour always contains an element of foresight—foresight that physiological needs will not be met. Its strength and immediacy, together with what we know about the primacy of clinging, make this, however, seem unlikely. Furthermore, as was stressed in the previous paper, such a theory is unnecessary.

Except for being less mobile, human infants during the second half of their first year seem to respond similarly to the lower primates. By this age they have become much more demanding of their mother's company. Often when she leaves the room they are upset and do their utmost to see that contact with her is resumed, either by crying or following her as best they can. Such protest behaviour, I am postulating, is accompanied initially only by primary anxiety.

Later, in both humans and chimpanzees, conditioned and expectant anxiety develop as a result of learning. Their development in chimpanzees is of course well attested. Comparing Gua with their son, who was 2½ months older than she, the Kelloggs report: 'Both subjects displayed what might be called anxious behaviour (i.e. fretting and crying), if obvious preparations were being made by the grown-ups to leave the house. This led (in Gua) to an early understanding of the mechanism of door closing and a keen and continual observation of the doors in her vicinity. If she happened to be on one side of a doorway, and her friends on the other, the slightest movement of the door toward closing, whether produced by human hands or by the wind, would bring Gua rushing through the narrowing aperture, crying as she came.' From this account, it seems clear, by a process of learning Gua was able to anticipate and so to avoid the danger of separation.

Similarly with human infants: it is signs that mother is going to leave them that come to evoke conditioned and expectant anxiety most commonly. At what period during the infant's first year the capacity for foresight develops is difficult to say. Experiment, however, should be easy. If Piaget's views are confirmed we should expect it to be present from about 9 months.

Not only do attachment behaviour and anxiety responses appear similar in humans and

other species, but the same is true of fright responses in the absence of the mother. In such circumstances the young of many species freeze. Robertson noted this in young children soon after starting observations in 1948. Before a child had got to know him and whilst therefore he was still a frightening stranger, a young child in hospital would occasionally respond to his approach by suddenly becoming immobile, as if trying not to be there, though watching him intently the while. In the course of observations made in connexion with his film study (64), Robertson was able to record this response on two occasions when a strange male colleague approached Laura (he himself by this time having become a familiar and reassuring figure). On each occasion Laura reacted by lying down with eyes closed and failed to respond as she usually did to Robertson's friendly words: indeed only a flicker of the eyelids showed she was not asleep. When told that the man had gone, however, she at once sat up.

Comparable behaviour in infant rhesus monkeys has recently been reported by Harlow and Zimmermann (40). In the course of their experiments with model mothers they introduced eight baby monkeys for three-minute periods 'into the strange environment of a room measuring 6 feet by 6 feet by 6 feet and containing multiple stimuli known to elicit curiosity-manipulatory responses in baby monkeys. The subjects were placed in this situation twice a week for eight weeks, with no mother surrogate present during alternate sessions and the cloth mother present during the others. . . . After one or two adaptation sessions, the infants always rushed to the mother surrogate when she was present and clutched her, a response so strong that it can be adequately depicted only by motion pictures. After a few additional sessions, the infants began to use the mother surrogate as a source of security, a base of operations. They would explore and manipulate a stimulus and then return to the mother before adventuring again into the strange new world. The behaviour of these infants was quite different when the mother was absent from the room. Frequently they would freeze in a crouched position.' Experimental work has also been done with goats and with similar results.¹⁶

If now we return to our account of chimpan-

zees it is especially to be noticed that, as in the case of Vicki, Gua became strongly attached to a *particular* figure. In her case it was the male foster-parent, who in fact did most for her: 'Her attachment became so strong that she had been in the human environment for fully a month before she would let go of the trouser leg of her protector for any length of time, even though he might sit quietly at a table for as long as an hour. Almost without respite she clung to him in one way or another. If through a temporary lapse in her vigil he should succeed in taking a step or two away from her, it would surely precipitate a frantic scramble after the retreating trousers, to which she would thereafter hang on determinedly.' Furthermore, it was only when her 'protector' was making preparations to leave the room that fretting and crying were exhibited.

These reports draw our attention afresh to the pronounced tendency for instinctual responses to become focused on a particular individual and not merely on a class of individuals. This was emphasized in the previous paper, where I proposed the term *monotropy* to describe it, and again earlier in this paper when we were discussing how the escape responses of animals tend also to become directed towards a particular object—in this case either a person or a place. Plainly, in the cases of both Vicki and Gua, the crying, clinging, following, and escape responses were fairly narrowly *monotropic*. Any mother-figure would not do: it always had to be someone who was known and trusted and, with decided preference, one particular person who was best known and most trusted. As every mother knows, human infants are no different: after a certain age mothering from any kind person will not do.

It seems almost certain in fact that every child who has not been institutionalized develops during his first year a clear preference for one person, namely the person who cares for him and whom I am calling 'mother', and this remains the case even though, in addition, he is likely to include a few others to whom he will turn as second best if mother is absent. It is because of this marked tendency to *monotropy* that we are capable of deep feelings; for to have a deep attachment to a person (or place or thing) is to have taken them as the terminating object of our instinctual responses. It is probably when these

¹⁶ In his experiments with goat kids Liddell (58) has demonstrated the very different responses to fright-evoking stimuli of identical twins according to whether or not they were with their mother: the twin with his

mother roamed about naturally and seemed relaxed, whereas the one without his mother froze almost immobile in a corner of the room.

responses include those mediating attachment and escape that there exists what Erikson (22) and others have described as 'basic trust'.

Unless this high degree of selectivity of the object terminating the response systems mediating attachment and escape behaviour is understood, reactions to separation from loved objects will remain a closed book. This is where, on occasion, formulations stemming from the theory of secondary drive break down. So long as the caretaker ministers efficiently to the child's physiological needs, it is sometimes reasoned, the child has nothing to grumble about: and so he ought not to grumble. This outlook would be ridiculous were it not so tragic—both for the child and for the well-intentioned caretaker.

As presented here, separation anxiety is the inescapable corollary of attachment behaviour—the other side of the coin. As soon as the instinctual response systems mediating such behaviour have matured and, by a process of learning of a simple kind, become oriented towards any object whatsoever, the child will become prone to experience primary anxiety at separation from it. Plainly this formulation implies that there is a period early in the infant's life during which he is not prone to separation anxiety as a specific form of anxiety. This needs discussion.

In my previous paper I discussed the perceptual and cognitive aspects of the child's tie to his mother and pointed to the evidence that prior to about 6 months the infant's differentiation, as measured by his responsiveness, between familiar mother-figure and stranger is present but only evident on careful observation. After about 6 months, however, differential responses are very striking. In particular I referred to the recent work of Schaffer, who observed the responses of twenty-five healthy infants aged under 12 months to admission to hospital for elective surgery. Of those over 28 weeks of age all but one fretted piteously, exhibiting all the struggling, restlessness, and crying with which we are familiar in rather older children. On the other hand, of those aged 28 weeks and under all but two are reported to have accepted the new environment without protest or fretting; only an

unwonted silence indicated their awareness of change. Similarly, infants in the two age-groups exhibited very different responses both to visitors during the period of separation and also to their mothers on return home. Those over 28 weeks behaved negatively to strangers, but to their visiting mothers were demanding and clinging: those under 28 weeks, on the other hand, seemed hardly to differentiate between stranger and mother (though it was noticed that they became more vocal during their mother's visit).¹⁷ On return home those over 28 weeks clung tenaciously to their mother and cried and were distressed if left alone by her: those under this age showed no such behaviour but instead appeared bewildered, scanning their surroundings with a blank expression (68, 69).

These observations, if confirmed, strongly suggest that separation anxiety on losing mother is not exhibited before about 28 weeks. As Schaffer points out, this is strikingly in keeping with a prediction made by Anthony (2) on the basis of Piaget's findings.¹⁸

To conclude, as I am inclined to, that human infants younger than about 28 weeks do not experience differentiated separation anxiety on losing mother is not to suppose that they experience no anxiety whatever before this age. Though during these weeks the selection of a loved object may still be only embryonic, the instinctual responses comprising attachment behaviour are not. We know that crying and sucking (and in less degree clinging also) are fully active in this period and, in so far as a terminating situation is not quickly established for them, we may presume that primary anxiety is experienced. Moreover, sucking becomes monotropic fairly early, in as much as the infant quickly comes to prefer a particular object to suck—breast, bottle, or dummy. When he loses it he is upset. How significant for later personality development these primitive forms of separation anxiety are seems to me an unsolved problem. Though of great theoretical and practical interest, it is however one which is not of central concern to this paper and will therefore not be pursued further.

Let us now turn to the course of events which follows this early and controversial period.

¹⁷ Of Schaffer's twenty-five subjects, sixteen were aged over 28 weeks and nine 28 weeks and under. Of the two younger infants who deviated from the usual behaviour, one was already 28 weeks of age, and so on the margin of the older age group, and the other was thought to be missing his dummy.

¹⁸ Anthony writes: 'It would also follow that before the seventh month the infant cannot be separated from an object-mother firmly and substantially localized in space, as an organized reality. His separation feeling must therefore lack the quality of separations at a later stage.'

After the age of 6 months variations in the intensity of attachment behaviour, and *pari passu* in the intensity of separation anxiety, occur both in the short term and in the long. As regards *short-term changes*, every mother discovers that her child varies considerably from day to day and week to week. Some days he is intensely 'mummyish', on others much less so. It may help reconcile her to it to know that infant chimps are no different. Of Gua the Kelloggs write: 'During her fifteenth month, when she seemed to be in an "accelerating" phase of her cycle of affection for the chosen experimenter, she would scream and rush after him whenever he opened the door of the house. If left behind, she would run from one window to another pounding upon them and wailing,' despite the presence of a familiar substitute. 'In the same stage of development she began to cry again to be carried by the individual of her preference and nothing would calm her till she had her way.' Although the Kelloggs seem unable to account for all the variations, some of them were obviously the result of particular conditions. Thus 'after a brief sickness, during which her dependency necessarily increased, Gua behaved again for some weeks almost as she had at the beginning, even though she was then many months older.'

The very close connectedness of the response systems mediating escape and those mediating attachment has already been emphasized. Inevitably anything which frightens the primate infant serves to intensify his attachment behaviour and, in the absence of his mother, to magnify his anxiety. Yerkes, generalizing about infant chimps brought up with their mothers in captivity, describes how 'even at 2 years of age, after it can feed itself and move about independently, the youngster will rush to its mother or to other adults in any emergency.'

Human mothers are familiar with such patterns of behaviour. Just as the child in his second or third year seems to be becoming more independent, he has a phase when he becomes more demanding again. Sickness, fright, or a period of separation often account for it. So too does the mother's own mood. As often as not when a young child becomes fretful and anxious it is because his mother has been upset, either with him or with someone or something else, and has consequently been brusque and irritable with him. She is less patient, her tone of voice changes, her expression is different: these are the things to which young children are keenly

sensitive. Furthermore, it is not uncommon for mothers to use the fear of separation—or withdrawal of love which is substantially the same thing—as a sanction to enforce good behaviour. Sometimes this is done as a deliberate policy, more often almost unconsciously. No matter how expressed, however, it is a powerful sanction and, as Fairbairn and many others have emphasized, inevitably increases the child's proneness to separation anxiety. It is this aspect of the theme that Sullivan picked on almost exclusively, thereby making his views in the weight he gives to parental influence in the genesis of neurotic anxiety the counterpart of Klein's in the weight she attributes to constitutional factors. This debate is referred to again in the next section where we consider why one child rather than another becomes prone to excessive separation anxiety.

Nevertheless, even though experiential factors of one kind or another can frequently be seen to account for short-term variations in intensity of attachment behaviour, on some occasions it is very difficult to trace the reasons. Perhaps in human children it is the same as it was with Gua, whose 'attachment would wax and wane in a slow irregular rhythm' during the nine months she was with the Kelloggs. Systematic records are obviously required.

As regards the *long-term changes*, both in chimps and humans the instinctual response systems mediating attachment and escape behaviour slowly modify. Not only do they become less readily activated and, when activated, active at a lower level of intensity, but they come to be organized around an increasing range of objects. These two kinds of change appear to be taking place during the same period of the life span and consequently are not always easy to differentiate.

The processes underlying the long-term reduction in the frequency and intensity of their activation, with its concomitant reduction in separation anxiety, are unknown. As we have seen, their ready activation in early childhood is easily accounted for by their survival value. Since as the child grows older they become less necessary, it may well be that there is operative a maturational process designed to restrict their activity, as sexual activity is restricted at the menopause. Nevertheless experience and learning certainly play a considerable part also. As time goes on, the better grounds a child has to believe that his parents love him and will return to him, the less apprehensive will he be both before

their departure and whilst they are away; the weaker the grounds, the more anxious on these occasions.

Although I believe such views to be theoretically plausible and, so far as there are relevant data, empirically well based, it must be recognized that they are not those which have been advanced by leading psycho-analysts, many of whom have thought that the growth of independence is impossible without the frustration of earlier needs. Freud held that it is possible to give a child too much affection and that it is this which prolongs the phase of dependence and promotes increased separation anxiety; a critique of this view is postponed to the next section. Melanie Klein shares the same outlook but invokes a different mechanism. In questioning how the child ever detaches himself from his mother, she suggests that 'the very nature of this overstrong attachment . . . tends to drive him away from her because (frustrated greed and hatred being inevitable) it gives rise to the fear of losing this all-important person, and consequently to the fear of dependence upon her' (Klein and Riviere, 57, p. 91). Although a process of this kind is well known as one which underlies a *premature* development of independence,¹⁹ I believe it to be the result of avoidable frustration and to lead to independence of a special and often pathological kind. I know of no reason to suppose it is responsible for its healthy growth.

As regards the second component of the long-term changes, the increasing range of objects toward whom attachment behaviour is directed, probably this is also a result both of maturational change and of learning. Thus the very capacity to include, even at a lower level of preference, a number of different people is something which may well become increased between, say, 18 months and 3 years by maturational processes. Even so, precisely who is included is obviously learned, and the number who become trusted by any particular child, whilst always limited, is evidently in large part the result of experience.

Once again it is instructive to hear of comparable changes in chimpanzees. Reading Yerkes's account, one gains the impression that, in chimps, initially the shift may be entirely one of object and that intensity of response remains unchanged. Generalizing again from his observations of chimps in captivity, he writes of the

developing infant: 'Gradually a striking change in behaviour becomes evident. The initial specific clinging dependence upon the mother gives place rapidly to a generalized dependence on the extending social environment. . . . Need for social stimulation, such as is provided by companions, becomes so strong during late infancy and early childhood that isolation causes varied symptoms of deprivation.' As the chimpanzee child grows older, however, the intensity of the attachment responses themselves seems to diminish: 'Maternal dependence normally is outgrown during infancy, and similarly, extreme social dependence tends to be outgrown during childhood and adolescence.'

Primary anxiety arising from separation either from mother-figure or companions is thus a function of age. The period when the individual is especially vulnerable is whilst the response systems mediating attachment and escape are not only easily activated at high intensity but are narrowly directed towards one, or at most a few, figures. Once there is a diminution in the readiness with which the response systems are activated, or the growing child, chimp or human, becomes able to accept temporary substitutes more readily, vulnerability decreases. So far as my own observations go, I have the impression that in humans these changes do not often take much effect until the child has reached about 2 years 9 months, though the age varies considerably from child to child.

ORIGIN OF SEPARATION ANXIETY OF PATHOLOGICAL DEGREE

Earlier in the paper I have made it clear that, on the hypothesis advanced, primary anxiety will occur whenever any (or at least one of a number of) instinctual response systems is activated and not terminated. The primary anxiety arising when a young child is separated from his mother is thus only a special case of a more general phenomenon. Nevertheless, clinical experience suggests that it is of peculiar pathogenic significance and, if this is so, the problem remains *why* it should be so. The following explanation appears plausible. In the first place, the phase during which the human infant's capacity for locomotion is limited is a long one. As a result, whether or not his attachment responses are terminated turns for some years on the initiative of others, especially his mother: he

¹⁹ See, for instance, Winnicott's conception of the development of the false self (75) and Balint's of con-

ditions which give rise to neurosis and the need for a 'new beginning' (4).

is entirely dependent on their goodwill. In the second, there is the close linkage between the instinctual response systems mediating attachment behaviour and those mediating escape, so that, whenever a young child is separated from his mother and such substitutes as he will accept, there is the risk of his experiencing not only primary anxiety but also fright, and both in conditions where there is no one available to provide comfort and security. This makes the situation doubly alarming to him and accounts for the intensity of distress we observe. Finally, because of their tremendous importance for survival, both these classes of response system appear to have special characteristics: first, they are permanently ready for activation and also readily activated; secondly, when active they are often so at great intensity; and, finally, they are not completely terminated except by the preferred mother-figure. In several of these respects they differ from other response systems, such for example as those mediating sucking behaviour. Thus the latter vary much in their readiness for activation, in many infants being inert after food has been taken and only becoming sensitive at intervals; they are often not exhibited at great intensity, and, as regards termination, are usually more easily provided for than are those mediating attachment and escape—a bottle, a thumb, or a comforter may suffice. By contrast the instinctual response systems mediating attachment and escape behaviour are permanently ‘at the ready’ for intense activation. Primary anxiety due to separation, sometimes suffused with fright, is thus immanently present from the time these response systems have become active and narrowly directed in the early months to the time when they diminish in intensity and/or the object becomes more easily replaceable (from around the third birthday). Probably at no other time in his life is the individual at risk of such intense primary anxiety and such ‘unterminatable’ fright.

In considering why separation anxiety can so easily reach pathological intensity two further aspects of these systems require emphasis. One is the readiness with which hostility is engendered when they are impeded. The exact conditions

under which hostility is evoked require much more detailed study than they have yet been given, but it has long been common knowledge that separation from the mother, rejection by the mother, and a situation in which the mother is attending to some other individual—father, sibling, or visitor—are all apt to give rise to it.²⁰ It is my belief that it is situations such as these, rather than the frustration of oral desires, that engender the most frequent and intense hostility in infants and young children, hostility, moreover, which is inevitably directed towards the loved object itself. This is of the greatest relevance when we come to consider why in some children expectant anxiety in regard to separation exists at a level above the normal.

The second is that the period when they are most active is also the period when patterns of control and of regulating conflict are being laid down. Our data demonstrate that when primary anxiety arising from separation is allowed to persist, defences of a primitive nature (such as those giving rise to detachment described earlier) come into play. There is reason to suppose that the early and intense activation of such defensive processes may create patterns which in later life are of pathogenic significance. This is a theme I have touched on in an earlier paper in connexion with critical phases of development (15) and which I hope to pursue further.

Whether or not these reasons prove to be the right ones, there can be little doubt that separation anxiety is an exceedingly common component of neurotic anxiety. This was early recognized by Freud. ‘One of the clearest indications that a child will later become neurotic,’ he observed, ‘is to be seen in an insatiable demand for his parents’ affection’ (*Three Essays*, 1905, *S.E.* 7, p. 223); this, of course, is another way of describing the child who exhibits, in excess, expectant anxiety in regard to separation and loss of love. Few would dispute this view today. There are, however, several hypotheses current in regard to why some children develop in this way and others do not; and it is in fact on this issue that the views advanced here differ most from those of Freud.

Hypotheses which have been advanced by

²⁰ Analytic literature is full of references to hatred arising in such situations. That separation from mother itself provokes it has been used by Freud as a possible explanation of the cotton-reel incident: ‘Throwing away the object so that it was “gone”,’ he suggests, ‘might satisfy an impulse of the child’s . . . to revenge himself on his mother for going away from him’ (*S.E.* 18, p. 16). Dorothy Burlingham and Anna Freud (18), Spitz (71),

Robertson (64, 65) and Heinicke (42) have all reported first-hand observations of intensely hostile behaviour following separation. It is Fairbairn’s view that the origin of the infant’s aggression towards his libidinal object, and therefore of his ambivalence, lies in the trauma of separation from mother and the consequent libidinal deprivation and frustration. (25).

psycho-analysts not only give very varying weight to constitutional and environmental factors but also inculcate different and in some respects contradictory factors in each class. It is therefore useful to tabulate the five main hypotheses which have been advanced to account for why a particular individual suffers from an excess of separation anxiety. They are:

1. *Constitutional Factors*

- (a) Some 'children have inherently a greater amount of libidinal need in their constitution than others,' and so are more sensitive than others to an absence of gratification (Freud, 1917).
- (b) Some children have inherently a stronger death instinct than others, which manifests itself in unusually strong persecutory and depressive anxiety (Klein, 1932).

2. *Environmental Factors*

- (a) Variations in the birth process and severe traumata occurring during the first weeks of post-natal life may increase the (organic) anxiety response and heighten the anxiety potential, thereby causing a more severe reaction to later (psychological) dangers met with in life (Greenacre, 1941, 1945 [36]).
- (b) Some children are 'spoiled' by excess of early libidinal gratification: they therefore demand more of it and, when not gratified, miss it more (Freud, 1905, 1917, 1926).
- (c) Some children are made excessively sensitive to the possibility of separation or loss of love either through the experience of actual separation (Edleston, 1943, Bowlby, 1951), or through the use of separation or loss of love as a threat (Suttie, 1935, Fairbairn, 1941).

It should be noted that whereas hypotheses 1 (a), 2 (b) and 2 (c) are framed to account for the liability to an excess in particular of separation anxiety, 1 (b) and 2 (a) are intended to account for the liability to an excess of anxiety of any kind.

I do not believe there is any clear evidence in support of the first four of these hypotheses. Since with our present research techniques there is no way of determining differences in constitutional endowment, the first pair unavoidably remain untested (though of course not disproved). As regards the next pair, the evidence

in regard to 2 (a) is far from clear; indeed in her paper Phyllis Greenacre is careful to explain that she regards it as no more than a plausible hypothesis. Evidence in regard to 2 (b) seems at the best equivocal: the subjection of a child to neurotic overprotection or to excessive libidinal demands from his mother sometimes appears like excess of affection but clearly cannot be equated with it. Evidence in regard to the fifth hypothesis, 2 (c), however, is abundant and affirmative. Therefore, without necessarily rejecting the first four, the fifth hypothesis, that an excess of separation anxiety may be due either to an experience of actual separation or to threats of separation, rejection, or loss of love, can be adopted with confidence. Probably a majority of analysts today utilize it in their work in some degree.

It is strange that in his writings Freud practically never invoked it. On the contrary, in addition to postulating hypothesis 1 (a), that some children have a constitutionally greater need of libidinal gratification than others, he committed himself early and consistently to hypothesis 2 (b), that an excess of separation anxiety is due to an excess of parental affection—in other words, the traditional theory of spoiling. Thus in the *Three Essays* (1905), after commending the mother who strokes, rocks, and kisses her child and thereby teaches him to love, he nevertheless warns against excess: 'An excess of parental affection does harm by causing precocious sexual maturity and also because, by spoiling the child, it makes him incapable in later life of temporarily doing without love or of being content with a smaller amount of it' (*S.E.* 7, p. 223). The same theme runs through much of his theorizing about *Little Hans* (1909), though it is in his discussion of this small boy's separation anxiety that he comes nearest the view adopted here: he attributes part of it to the fact that *Little Hans* had been separated from his mother at the time of his baby sister's birth (*S.E.* 10, pp. 114 and 132). However, both in the *Introductory Lectures* (28, p. 340) and in *Inhibitions, Symptoms and Anxiety* (*S.E.* 20, p. 167) he makes no reference to such origins and instead explicitly adopts the theory of spoiling.

Since in my view there is no evidence to support this theory, the question arises why Freud should have favoured it. One reason seems to be that in his early work he was misled by the show of affection and over-protection which is so

frequently present as an over-compensation for a parent's unconscious hostility to a child. This is suggested by the passage in *Three Essays* immediately following that already quoted: '... neuro-pathic parents, who are inclined as a rule to display excessive affection, are precisely those who are most likely by their caresses to arouse the child's disposition to neurotic illness' (*S.E.* 7, p. 223). In fact, when we come to investigate such cases psycho-analytically we find, I believe invariably, that the child's heightened anxiety over separation and loss of love is not a reaction to any real excess of affection from his parents, but to the unconscious hostility and rejection which lies behind it or to the threats of loss of love his parents have used to bind him to them.²¹ Children who have received a great deal of genuine affection seem to be those who in later life show in highest degree a sense of security.

In addition to this, it seems probable that another reason for Freud's misperception of the origins of excessive separation anxiety was the delay in his recognition of the close bond of child to mother and the length of time over which it normally persists at high intensity; only if the child's strong attachment is perceived as normal is its severance or threat of severance recognized as dangerous. It is true that by the time he wrote *Inhibitions, Symptoms and Anxiety* he was of opinion that a main cause of man's proneness to neurosis lies in 'the long period of time during which the young of the human species is in a condition of helplessness and dependence . . . (which) establishes the earliest situations of danger and creates the need to be loved' (*S.E.* 20, pp. 154-155). Yet, so far as I know, he never drew from this the natural conclusion that disruptions or threats of disruption of the primary bond are likely to prove a major hazard.

It will thus be seen that the views advanced in this paper differ from Freud's not so much on the nature of separation anxiety itself but on the conditions which determine its presence in excessive degree. On this issue indeed the two views are the opposite of one another. It is perhaps because of this and because Freud's hypothesis of spoiling has been built deep into psycho-analytic theory that there has been so much reluctance in many analysts to accept as valid

the evidence which supports the hypothesis here advanced. It is time to return to this.

In my view the best opportunity for uncovering the conditions which lead an individual to become prone to an excessive degree of separation anxiety is either by direct observation of a child undergoing an anxiety-provoking experience or by a clinical examination in an analytically oriented child guidance clinic, in which treatment is given to both child and parent and a detailed history can be obtained both of main events in the child's life and of parental attitudes towards him. When we review the reasons why in some children expectant anxiety in regard to separation and loss of love exist in pathogenic degree, observations made in such settings suggest there are four main ones:

- (1) One determinant is undoubtedly the actual experience of a period of separation. In addition to our own observations (12, 14, 64), those of Edelston (21), Prugh *et al.* (62), Heinicke (42) and Schaffer (68) provide abundant evidence that the child who returns after not too long a period with strangers, whether in hospital or elsewhere, will soon attach himself with great tenacity to his mother and show intense anxiety at any threat of a repetition of the experience. Many cases of older children and adults who respond to separation with unusual anxiety are most readily understood in terms of the persistence of such a psychological state.
- (2) Another determinant is the excessive use by parents of threats of separation or withdrawal of love as sanctions.
- (3) Another is the child's experience of rejection by the mother, especially where her positive feelings are mixed with unconscious hostility.
- (4) Another is any actual event, such as a parent's or sibling's illness or death, for which the child has come to feel responsible and, therefore, guilty and unloved.

There are many papers by analysts which report cases falling under one or a combination of these last three heads (including an early one of my own (10)) and others by clinical psychologists.²² In a study predominantly concerned

²¹ There is another situation which may lead a child to become excessively clinging and which may also masquerade as "spoiling." It is when a mother, for unconscious reasons of her own, communicates to a child her desire that he should not leave her. This is a common finding in cases of so-called school phobia (49a).

²² In a comparison of twenty 6-year-old children reported as overdependent with twenty controls, Stendler (72) found that six of the over-dependent children were 'over-protected' and eleven had suffered major disturbances in their lives between the ages of 9 months and 3 years.

with the consequences of actual separation, however, it would be inappropriate to discuss this large and controversial area more fully. Nevertheless it should be noted that these four sources are not necessarily exhaustive: for example, any set of conditions which results in the child feeling guilty and therefore in danger of not being loved will be effective. At the same time, it is my view that only if each of the four sources listed above has been thoroughly explored and excluded is it wise to postulate other factors. Unfortunately such exploration is, I believe, only possible in the case of younger children and when their mothers are also willing to undertake treatment.

Merely to describe these sources of increased separation anxiety, however, is insufficient: we need also to understand the nature of their effects on the emotional development of the child. It is when we come to consider these effects that the interaction of expectant anxiety and hostility, to which attention has already been drawn, is seen to be so crucial. For each of these experiences—separation, threats of separation, actual rejection or expectation of rejection—enormously increases the child's hostility, whilst his hostility greatly increases his expectation of rejection and loss. Such vicious circles are a commonplace of psycho-analytic practice. Since it is in emphasizing their frequency and immense clinical importance that Melanie Klein has made her special contribution, this is a convenient point at which to reconsider her ideas.

The clinical observations made by Melanie Klein in the twenties, it will be recalled, were that some children who are attached to their mother in unusual degree are, paradoxically, also possessed of strong unconscious hostility directed towards that very mother. In their play they demonstrate much violence towards mother-figures and become concerned and anxious lest they may have destroyed or alienated them. Often after an outburst they run from the analytic room, not only for fear of consequences from the analyst, but also, it seems, to assure themselves that their mother is still alive and loving. These observations are now amply confirmed and demonstrate without doubt that the presence of unconscious hostile impulses directed towards a loved object greatly increases anxiety. This is readily intelligible. As Freud pointed out, we would not expect loss of love or castration 'if we did not entertain certain feelings and intentions within us. Thus

such instinctual impulses are determinants of external dangers and so become dangerous in themselves' (*S.E.* 20, p. 145). The presence of hostile impulses directed to a parent, especially when unconscious, inevitably increases expectant anxiety. In so far as there is concern for the object's safety, it is depressive in character; in so far as there is fear of losing his or her love, it is persecutory. The role of such depressive and persecutory anxieties, springing from unconscious hostility, in persons suffering from an increased level of expectant anxiety in regard to being separated or unloved cannot be over-emphasized; and this remains so whether or not we accept Melanie Klein's particular hypothesis in regard to their origin.

But just as unconscious hostility directed towards the loved object increases expectant anxiety, so does expectant anxiety, especially in regard to whether or not one is loved, increase hostility. It is of both great theoretical and great practical importance to determine, if we can, how these vicious circles begin. Does increased anxiety precede increased hostility, is it the other way round, or do they spring from a common source? Jones (51) recognizes the great difficulty of unravelling the sequence when looking backwards from data provided by the patient in analysis; and I believe this holds for young children as well as for older patients. Indeed it is at this point that I believe Melanie Klein's method has led her to one-sided conclusions.

Logically it is clearly possible for excess anxiety to precede excess hostility in some cases, for the sequence to be reversed in others, and for them to spring from a single source and so be coincidental in yet a third group. Such possibilities, however, are not allowed for by Melanie Klein's formulation. It is to be noted that she attaches no importance to instinctual tensions as such and does not subscribe to the view, advanced by Freud and again here, as well as by many other writers, that primary anxiety is the result of such tension. Instead, her basic tenet is that increased anxiety is always both preceded and caused by increased sadism: that it may sometimes be independent of, sometimes itself provoke, and often spring from the same source as the increased sadism is not conceded.

In my view both an excess of separation anxiety and an excess of hostility are very commonly provoked by the same experience. Further and more important is that, because the hostility is directed towards the loved object, it

is often repressed and, being repressed, tends to generate further anxiety. Thus, on this hypothesis, the increased libidinal need for the object and the increased unconscious hostility directed toward it are both active in promoting neurotic anxiety. This is a view which, it will be seen, derives from the theories both of Freud and of Melanie Klein. It also links with Freud's early expressed belief (*Little Hans*, 1909) that in some way repression plays a crucial role in the genesis of pathological anxiety. Here, however, a distinction needs to be drawn between anxiety which is intense and anxiety which is pathological. Whilst it seems clear that repression is not a necessary condition for the genesis of *intense* anxiety—as is shown by the behaviour of young children in the weeks following return home after a time away from their mothers with strangers—it may well be a necessary condition for its development into *pathological* anxiety. Perhaps when there is no repression of love or hate intense anxiety provoked by separation or rejection subsides, and it is only when repression sets in that the anxiety becomes pathological. This hypothesis will need further examination.

Before ending this section a word must be said about the other pathological form of separation anxiety, namely its absence or presence at unusually low levels. It has already been emphasized that some measure of separation anxiety is the inevitable counterpart of a love relationship. The absence or attenuation of separation anxiety is thus a frequent accompaniment of absent or exiguous love relationships. The psychopathic character, the origin of which is so often a major disturbance in the early mother-child relationship (11, 37), is commonly the one who shows little or no separation anxiety. Either he has never experienced a continuous loving relationship or, more frequently, the relationship he has had has been disrupted so severely that he has not only reached but remained in a phase of detachment. As a result he remains detached and so incapable of experiencing either separation anxiety or grief. Lesser degrees of this condition are, of course, more common than the extreme degrees, and sometimes give the impression of unusually vigorous independence. Analysis, however, shows that the springs of love are frozen and that their independence is hollow.

It is not unlikely that the possibility of promoting early and often apparently vigorous independence in some young children by a measure of frustration of their need for attach-

ment has contributed to the notion that too much affection is bad for a child. There is no doubt that, in the short run, the child who is given more affection is sometimes more strongly attached and so, therefore, more prone to separation anxiety than are some of those who are treated more toughly (though by no means more so than all of them). However, since such 'dependence' in the well-loved child is outgrown and later provides the basis for a stable independence, it would be a mistake to suppose it pathological. On the contrary, as in the case of grief, the capacity to experience separation anxiety must be regarded as a sign of the healthy personality.

Though I believe that much of the variation between different individuals in respect of their proneness to pathological anxiety is to be understood as resulting from experiences such as we have been discussing, it seems probable that part of it is due to other factors. Thus it is most unlikely that all human infants are equipped by inheritance with instinctual response systems prone to develop responses of the same degree of intensity; whilst in others brain damage, caused before, during, or after birth, may make for undue sensitivity. Whatever the reason for it may be, those in whom the potential intensity is high will be greater risks for becoming entangled in the vicious circle of anxiety—hatred—more anxiety—more hatred—than will others. Only direct observations made whilst the child is developing in relation to his mother during the first two or three years of life can, I believe, throw light on this issue. It is to this task that research needs to be directed.

CONCLUSION

Although in the course of this paper we have strayed into areas of difficult and abstract theory, my interest in the problem stems from clinical observation. At first I was struck by the calamitous after-effects which are sometimes to be found following a prolonged separation or series of separations occurring in early childhood. Next, in my work with James Robertson, we were both struck by the intensity and universality of separation anxiety when very young children are removed from their mothers, by the processes of grief, mourning, and defence which habitually follow if child and mother are not reunited, and by the acute exacerbation of separation anxiety after the child's return home. Finally, like most other clinicians, I have been impressed both by the frequency with which separation anxiety is

exhibited at high levels in neurotic patients and by its ubiquity at more modest levels in the everyday life of all of us. It has been the attempt to understand and explain these observations which has led to this exploration of theory.

It will have been seen that the hypothesis advanced to account for separation anxiety is an immediate corollary of that advanced to account for the child's tie to his mother. In the earlier paper reasons were advanced why it was both legitimate and economical to conceive the child's tie as being the direct outcome of a number of instinctual response systems—crying, smiling, sucking, clinging, and following—which have become bred into the species as a result of their survival value. When they are activated and the mother-figure is available, attachment behaviour follows. Similarly, as we have discussed in this paper, when they are activated and the mother-figure is temporarily not available, protest behaviour and separation anxiety follow. This formulation not only has the merit of appearing to account for the facts but is also simple. Furthermore, it brings separation anxiety into immediate relation to grief and mourning, which in this scheme are seen respectively as the subjective experience and the psychological processes which occur when the responses mediating attachment behaviour are activated and the mother-figure is permanently unavailable, or at least believed to be so. A liability to experience separation anxiety and grief are thus the ineluctable risks of a love relationship, of caring for someone. This intrinsic connexion between separation anxiety and grief, and both with attachment to a loved object, to which Freud called attention in the final pages of *Inhibitions, Symptoms and Anxiety*, is also the theme of succeeding papers on grief and mourning in infancy.

APPENDIX

A Note on Terminology

In a passage in *Beyond the Pleasure Principle* (S.E. 18, p. 12) Freud seeks to differentiate between the conditions denoted respectively by the German words 'Schreck', 'Furcht', and 'Angst', namely 'fright', 'fear', and 'anxiety': "'Anxiety" describes a particular state of expecting the danger or preparing for it, even though it may be an unknown one. "Fear" requires a definite object of which to be afraid. "Fright", however, is the name we give to the state a person gets into when he has run into

danger without being prepared for it; it emphasizes the factor of surprise.' As we have seen, six years later in *Inhibitions, Symptoms and Anxiety*, he further differentiates the concept of anxiety, postulating two forms, one an 'automatic phenomenon' characteristic of id impulsiveness, the other a 'rescue-signal' characteristic of ego foresight.

The concepts and terminology advanced here have much in common with Freud's. Thus what I am terming respectively 'primary anxiety' and 'expectant anxiety' correspond closely to Freud's two forms of anxiety. The notion of primary anxiety, moreover, is very close to his original notion that anxiety is in some way connected with an 'excess of excitation' which cannot be discharged (see his paper on anxiety neurosis, C.P. 1, p. 76).

In general the concept of 'fright' advanced here also resembles Freud's, though it identifies it more precisely than did Freud with primitive instinctual response systems. Both concepts agree, however, that in fright the cognitive component is at a simple level and that, in contrast to fear, there is no 'definite object of which to be afraid'.

Unfortunately in colloquial English the word 'fear' is used in many senses, often being synonymous with expectant anxiety and sometimes with fright. It is therefore doubtful how wise it is to make any attempt to give it a precise technical meaning. Were we to do so, I suggest it might be reserved for the subjective state accompanying the responses of escape and 'freezing' whenever the cognitive component of these responses is at a higher level, namely whenever there is a clear conception of what object has activated them. Such a usage would, I believe, be close to what Freud had in mind.

Most other workers conceive anxiety in ways similar to that advanced here. Thus Goldstein (34) contrasts it with fear and postulates that anxiety is experienced when the organism is unable to cope with a situation and, as a result, is in danger of disorganization. This is a concept to which we shall be returning in a paper to follow in which the nature of depression will be discussed. Recently Gerard (32), approaching the problem from the point of view of neurophysiology, has remarked: 'Anxiety is largely connected with frustrated drives . . . with unfinished business . . . with events to come.' Like Goldstein, he emphasizes uncertainty and the unsolved nature of the problem. Several writers, on the other hand, for example

McDougall (60) and Basowitz *et al.* (5), whilst agreeing in general approach, seem to me in their description to be too preoccupied with behaviour dependent on foresight (and therefore with expectant anxiety) and to give too little attention to the more primitive processes underlying primary anxiety. McDougall in fact uses the term 'anxiety' as synonymous with 'expectant anxiety', and the term 'fear' to denote what I am terming 'fright'.

* * *

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A HYPOTHESIS REGARDING THE TIME OF APPEARANCE OF THE DREAM SCREEN¹

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The author has observed unmistakable manifest dream screen experiences only half a dozen times during eight years of psycho-analytic practice. Each analysand who presented the phenomenon was schizophrenic or suffered from a borderline state. Uniformly, the patient had reached the state of development in therapy when narcissistic identification was giving way to true object relationships via the transference and the dream screen episode immediately followed a threat of loss of the new object, which was intensified by a repetition in the environment of an experience reminiscent of a severe traumatic event from childhood.

Lewin (18) introduced the concept of the dream screen in a study in which he elaborated the idea that sleep 'repeats an orally determined infantile situation, and is consciously or unconsciously associated with the idea of being a satiated nursling'. A young woman reported: 'I had my dream all ready for you; but while I was lying there looking at it, it turned over away from me, rolled up, and rolled away from me—over and over like two tumblers.' From the analysis of this dream, Lewin was able to introduce the new term, *dream screen*, which he defined as '... the surface on to which a dream appears to be projected. It is the blank background, present in the dream though not necessarily seen, and the visually perceived action in ordinary manifest dream contents takes place on it or before it.'

Lewin (19) has further commented about the dream screen: '(It) represents the idea of "sleep"; it is the element of the dream that be-

tokens the fulfilment of the cardinal wish to sleep . . . it represents the maternal breast usually flattened out,² as the infant might perceive it while falling asleep. It appears to be the equivalent or the continuation, in sleep, of the breast hallucinated in certain predormescent states, occasionally observed in adults (13).' Following Eisler's view (6), in which each falling asleep psychologically repeats the events that take place in the baby when it falls asleep after nursing, Lewin (19) went on: '... the blank dream screen would approximate the baby's state of mind in sleep. The prototypic dream would be blank; it would consist only of the dream screen . . . plus whatever elementary disturbing sensations might enter from other external or internal fields of perception.'

Rycroft (23) sought to answer two questions regarding the dream screen: (i) At what stage in analysis are such dreams apt to occur? (ii) What is the dynamic process they represent?

Rycroft's patient 'was in a state of "narcissistic identification" since (a) he had withdrawn interest from external objects, (b) he was preoccupied with an introject, and (c) he identified himself with this introject.'³ The analysand presented dream screen phenomena at a time when an object relationship was developing. Rycroft considered the most significant aspect of the appearance of the screen phenomenon to be that it marked a shift from narcissistic identification⁴ with the internal object to turning toward an external object. He concluded that the phenomenon of the dream screen represents, in addition to the fulfilment of the wish to sleep at

¹ This communication is modified from papers presented before the Grupo Mexicano de Estudios Psicoanalíticos, Mexico City, July 1957, the San Francisco Psychoanalytic Society, October 1957, the Joint Meeting of the Western Division of the American Psychiatric Association and the West Coast Psychoanalytic Societies, Los Angeles, November 1957, and the Fall Meeting of the American Psychoanalytic Association, New York, December, 1957.

² The fact that infants watch their mothers' faces while nursing (25, 26) and that psychotics study their therapists' faces while relieving nursing fantasies (3) does not obviate the essential validity of Lewin's conclusions, inasmuch as the concept of breast might easily become fused with the concept of face, as the author has observed in the treatment of psychotics.

³ Personal communication.

⁴ 'Narcissistic identification', as used by Rycroft and the present author, follows Fenichel (8) and Freud (10).

the mother's breast, an attempt in the course of the analysis to re-establish an object relationship with the mother via the transference.⁵

CASE ABSTRACTS

Fragments of two case histories, typical of the seven available, will be employed to offer evidence for the tentative hypothesis which is proposed in this communication.⁶

Mrs K., a married woman in her thirties, began psycho-analysis within a few weeks after her second hospitalization and reception of electroconvulsive therapy, following upon a severe schizophrenic episode which had become patent during a pregnancy. She had been an 'as if' person (5). She had split her parent images and visualized her overtly cyclothymic, intellectual, delinquent, promiscuous, exhibitionistic mother as only intellectual and her sensitive, crass, bawdy, sharp business dealing father as solely sexual. Throughout her years at home she had lived in fear of the repetitious manic and depressive episodes which removed her mother physically and/or emotionally from the family. Her memories of home life were primarily centred about arguments, shrill accusations and counter-accusations, and a pattern in which her two sisters, her brother, and she played one another off against the individual parents and the father and mother off against each other, while the parents sought to turn each child against the other parent. She identified herself primarily with two introjects, the first the distorted shadow of the mother, the second that of the father. Her self-image consisted of sexual and intellectual facets which appeared to her an irreconcilable duo. She had lived her life as a caricature of her mother. She had continually sought new introjects and assumed attitudes and gestures of her various lovers, male and female. In her choice of sexual partners, she vacillated between those whom she classified as physical and those she viewed as artistic-intellectual.

The transference situation was confused and stormy from the beginning. In the initial interview she claimed that her illness sprang from having at 4 years observed her mother and a maternal uncle as they had sexual relations. Numerous themes radiated from this central hub from time to time during the course of her therapy. During the early months of her treatment her behaviour and associations indicated that she was for minutes or hours performing the role of one entire or fragmented introject and her analyst was reacted to as though he were a projection of another. At the same time, he was perceived for over a year as a glorified and a sexual maternal figure, endowed with highly un-

realistic, charismatic attributes. An almost unbelievably intense hatred existed for a previous therapist who seemed to her to be the image of her despised father. The therapy consisted for many months of confrontations with reality, interspersed with very careful rectifications of her own interpretations. She had to feel that she conducted her own analysis and perceived each interpretation which varied from her planned comments as a personal loss.

Almost from the beginning she gradually identified with the analyst's calm, and progressively she assumed more of his attitude of observation. Her manifold delinquencies were called by their accurate, common names, and she was not permitted to hide behind prettied-up explanations of her cheating, stealing, and obvious hypocrisies. With her growing assumption of his attitudes and calm in the interviews, her gross acting-outs diminished externally, although with a temporal lag. The fragmentation of introjects and extrajects diminished, as did reality-testing deficiencies in general.

Towards the end of the first year, when oral-masochistic techniques which she felt had bound mother to her in a sort of psychological syncytium failed to involve her analyst, she began to view him as supremely sexual and yet unrealistically intellectual. A highly erotized transference developed during the ensuing twelvemonth, in which she paraded all the techniques with which she had tried, generally without success, to woo her father. Although the transference had the appearance of an oedipal relationship, the analyst yet existed partly as a projection of her internalized parental images, with the paternal introject more highly coloured. She began to develop the capacity for true ambivalence so far as the therapist was concerned, although preambivalent relations largely persisted with other objects. Thus, during this period her identification with internal objects was giving way to the development of a true object relationship with the analyst. Gradually, as she began to be convinced that her reactions to others were largely based upon her seeing in them projected parts of herself, she began to gain more than intellectual insight into the motivation for her quest of a penis, the acquisition of which was supposed to enable her to gratify her mother sexually, in return for the privilege of fusing with mother's breast and living in ecstasy (2, 21).

At the time of the episode to be discussed, Mrs K. had for some months been begging for intercourse. She had used all her wiles to tempt the analyst to engage in the mutual acting out. A few weeks before the period to be described in detail, she had taken to lying on the couch with her legs spread apart, her breasts thrust upwards, and making caressing

⁵ See also Fliess (9), Garma (11), Heilbrunn (12), Kanzer (14), Kepecs (15) and Spitz (27, 28, pp. 77-79; 113-114).

⁶ The author is indebted to Dr José Remus Araico for one case history, that of a borderline patient (22).

movements of her body and legs with her hands, as she sensuously shifted her position. During the interviews she had strong sexual reactions. Her dreams were laden with experiences in which she openly involved the analyst in sexual relations, primarily of an oral-genital nature. Her picture of orgasm was a state in which sexual partners fused, and upon separation each had taken on qualities of the other. Although she consciously wished to abandon her behaviour during the interviews, she could not, and was frequently amazed when the analyst pointed out her sexual actions. While she was going through this phase, vacation dates were set for the summer. She seemed undisturbed.

The night of the interview when the period of absence was named, her husband forced cunnilingus upon her. During the following session she returned for the first time in many weeks to her early observation, fantasied or actual, of mother and uncle engaged in sexual activity. She decided that her previous conviction that she had viewed intercourse was fallacious. She claimed that she recalled with great emotion and clarity standing in the bathroom door and watching either cunnilingus or cunnilingus and fellatio. She stated that she had urinated and probably simultaneously masturbated. She had wanted to experience the sensations of each partner, obtain their fluids, and become fused male-female, totally satisfied and oblivious. While on the couch she had genital sensations which she described in such a way that there could be no doubt she imagined her vulva and clitoris as fused and elongated. She burst into tears with the thought that her tears were like a male orgasm. Then she felt relieved.⁷

During that interview she presented a dream in which she abandoned her analyst for a female therapist, his imagined wife, whose words might be more palatable to drink. The next day, a Friday, she ranted about men's perversions with their daughters. When she was confronted with slightly obscured sexual activities which she performed on her young son, she equated him with her younger sister, with whom she had been actively incestuous, and proceeded to relate with real feeling details concerning homosexual activities of adolescence. When it was demonstrated that her reasons for believing she had then possessed a retractable penis were fallacious, she became utterly furious.

On Friday night she fortuitously met a known homosexual woman and was strongly attracted. She vividly imagined herself sitting astride the woman, with her vulva and clitoris fused into a penis which brought herself and the partner to orgasm in which each participant melted into the other.

On Monday she reported a week-end marked by

elation. She no longer needed analysis and was a 'complete woman'. She had been intensely narcissistic and had unwittingly provoked her husband into nearly beating her.⁸ On Sunday night she had visited the movie *Baby Doll*. During the interview she said that she had been unaffected by the cinema. Sleep had come easily, but during the night she awoke experiencing intense orgasm. She felt she had experienced a dream without visual content.⁹ She had found her hand pressed on her genitalia when she awoke. Questioning revealed her conviction that a penis had grown there. When she was confronted anew with the fact that no penis was present, she became very angry, cried, and complained of feeling raw between the legs and of having lost something thence. She became intensely excited and begged for sexual relations. Then she recalled that during the movie she had sat with her legs drawn up in her 'sleeping position', with her hands pressed against her genitals. Suddenly she had the vivid fantasy that her analyst had an erection. She wanted to suck and plunge her head up and down until ejaculation occurred and then to swallow the semen. This was a newly conscious desire. She had often performed fellatio but spat out the semen lest it choke or poison her. Now she would swallow the semen and all the rest of the therapist. Then she would sleep. She would be his baby, but he would be in her body. She said: 'So you're not a man at all. You're a breast with a nipple. When I was psychotic, I was anxious with amorphous fears. I couldn't put my finger on my insomnia. I was afraid to sleep. I was afraid I would die. Never wake up again because of amorphous guilt. Mostly about the aborted babies. I literally feared God would strike me dead with sleep. I'd go to Hell. I had recurrent fantasies (hallucinations) I was in a boat crossing the River Styx. Charon was there. I'd never get to the shore of Hell. I'd be forever on the water. My mother's urine and my urine. The stream of my hostility for not being granted babyhood forever. I've thought of myself as a pretty baby doll. I've wanted to kill all the others so I'd be the only one.'

On Tuesday she brought a dream: 'It was terrifying. I was in a café with open booths. My husband had left me. He, Marilyn (a mother surrogate), and I were sitting with others. He went to Marilyn. I lay on the floor or a low bed. He placed her on a bigger bed across the room and mounted her, sitting with his legs astride her and his penis in her, and rocked back and forth. I watched and whimpered. They looked as if they had pleasure. His look was of sadistic triumph. He was oblivious of me and without concern for her.

⁷ Dr Lewin has stressed in a personal communication, in this remarkable hour, Mrs K. was struggling between an oral and a genital position and was attempting to compromise by the body-phallus equation (17).

⁸ Deutsch (4) portrayed a hypomanic woman whose principal denial was the absence of a penis. See also Lewin (20).

⁹ Kanzer (14) suggested that the blank dream could hide the phenomenon of feminine castration.

She looked as if she enjoyed it. Her mouth was slightly open and there was hard breathing. Excitement. The blankets were strewn around on the bed. She raised her hips. They were both clothed but she had no pants on. I didn't feel they had orgasm. He got up and reached for my younger sister. Then I stopped watching him and don't know what he did to her. He came to me and we danced. I asked if he had done that with Marilyn to make me cry, but he said nothing in the whole dream. It was a slow dance without music. Then he changed into a Texan I used to know.⁹ She interrupted her recitation to talk about the Texan. He had chosen another woman. Mrs K. had been angry, not at losing the man, but, because he would have access to the breasts of the Jewish woman who closely resembled Mrs K.'s mother.

She returned to the dream. 'Then the Texan and I had intercourse. On a bed, I think. As I was having it, I began to see it on a film. Then the picture melted down and we melted together and the film was blank. I could still see the film. It seemed I was surrounded by square objects. A house of cards. I felt myself funnelled down some place and I was insane. I had a sense of sinking, a loss of identity. His identity was lost, too. We had become a fluid together. He was in me, after the house collapsed.' Recalling the Isakower phenomenon (13), the therapist inquired whether she had experienced or was feeling sensations in her mouth. This she denied, but stated she felt pain in her right arm, a sensation she associated with self-punishment for childhood masturbation. 'I had the pain then, too. I stood and screamed and screamed. I wrenched myself out of the horror with my arm hurting and my body quivering. The reality of the dream enveloped me. I lay on my left side with my knees up in my sleeping position and my right hand over my vagina. In the terror I thought of my need for you.' At this point she moaned and sobbed. Crying had been very rare during her analysis. 'I wanted to call you then, at two o'clock in the morning (nursing time). But then I remembered that I was in analysis and I had to relive these experiences to get well.' At the end of the interview, she added as an aside, and for the first time, that on the preceding Friday night a homosexual woman had seemed repulsive to her.

During the next week, material continued to emerge regarding her intense desire for a penis and the magic she ascribed to the possession of such an organ, combined with recollections regarding homosexual experiences and particularly her strongly felt attraction to the woman she had met on Friday, and her defensive reaction of repulsion.

Associations obtained subsequent to the data

presented above revealed that her reaction to the threatened leaving was the loss of the mother's breast, equated with body and penis. The forced cunnilingus was frightening because it reminded her not only of the experience at age 4, but because her husband might devour her supposed phallus. She reacted with the body-phallus compromise and the renewed strong denial that she had no penis. The elation of the week-end seemed to serve the purpose of denying her incapacity to satisfy the homosexual woman, that is, recombine with a woman in a fusion state, through use of a penis constructed of her joined vulva and clitoris. When she saw the movie *Baby Doll*, in which the heroine so sharply resembled Mrs K. in certain aspects, her genital pressing coincided with Baby Doll's thumb-sucking while, as Mrs K. viewed the scene, blissfully fantasizing fellatio. The blank dream with orgasm ensued, followed by further denials of castration. The restitution attempt took the form of fusing with the analyst through fellatio. The dream screen experience, combined with the associations of the preceding interview, may well present the repressed content of the earlier blank dream.

The interruption of the manifest dream relation with the reminiscence about the Texan and the big-breasted Jewess likewise affirmed the homosexual nature of the dream material, as the presence of Marilyn had done in the manifest content.¹⁰ Apparently as intercourse neared climax, fusion melted the mother and child together. The dream content disappeared except for the screen. However, the sleep which resulted was by no means untroubled. Perhaps the retention of the breast-sleep-image, the screen, revealed the significant difference between early infantile sleep and mania, namely the partial unconscious awareness that the fusion is only an impossible dream. This would be consistent with the fact that a hungry child's dream of eating does not keep him asleep indefinitely.

An additional factor merits mention. When she was in her parents' bedroom, she lay on a pallet lower than the bed. When she stood in the bathroom and watched her mother and uncle at 4, the bed was on the other side of the room.¹¹ She probably urinated. She had been constipated for some days before sitting beside the homosexual woman. In the manifest content of the dream, she lay on the floor or a low bed in the position in which mother administered her enemas. This phenomenon could be viewed as indicating that her fantasies of sitting astride a woman were also examples of identification with the aggressor. In the dream, the action was executed on mother and younger sister. She had watched the latter receive enemas in the same position, with flushed excitement and pain.

¹⁰ This woman's blank dream and elation employment seem to be closely related to that of Lewin's hypomanic patient (16).

¹¹ Whether this experience was real or imaginary, the mental content is significant.

When Mrs K. had been exposed to enemas, she had gladly submitted. Her constipation stopped after the dream screen experience.

Further speculations could be made regarding the role of Hell, reached by crossing a river of urine produced by hostility and excitement. Whether this would be a hell in which one could forever play with faeces or no, it appears that the death would be a prolonged sleep, an everlasting union with mother, achieved through urogenital routes, routes she sought to use after physical sucking on mother had to be renounced. It cannot be without significance that her mother used to talk of the application of urine for relief of pain, a custom of her homeland, or that Mrs K. thought she recalled mother's applying urine to her brow for the treatment of headaches.

Mr M. was a moral masochist, an impulse-ridden person, and grossly dependent. His symptoms defended against guilt and hostility, fundamentally against his mother who suffered from a cyclic disorder. When he was 22 months old, a brother was born. For about two years Mr M.'s jealousy was nearly uncontrollable and he tried on various occasions to murder his rival. From about the age of 4, his hostility was defended against by insecure reaction formation. He became his brother's keeper, a watchful, careful guardian who gave the younger one belongings and services and protected him against the attacks of other children, which Mr M. frequently provoked. When he was 8, his mother died, delivering a baby girl. The stepmother demanded strict obedience within the home and encouraged delinquency without. The father was overbearing, intolerant, and demanding. His principal treatment of his sons consisted of ridicule and teasing; his daughter he abandoned. Mr M. went through life guilt-ridden and seeking physical and mental pain.

He developed a life philosophy of helping others. He became a school teacher and an athletic coach, after a career of strenuous sports competitiveness. When his third child had died soon after birth and his wife, upon whom he was deeply dependent, nearly lost her life, he became somewhat withdrawn and turned to religion. He decided that his help for others was insufficient and that he would become a psychological counsellor to carry on the work of Christ. Although he was academically and financially secure, he re-entered a university to obtain a higher graduate degree. While reading psychological literature he was repeatedly confronted with phenomena surrounding reaction formation and became obsessed with fears lest he should go insane and murder, particularly women and small children. He sought psychiatric assistance, but rapidly deteriorated into a man who could not leave his house, room, and eventually bed, lest he go berserk and murder. He became hallucinated and deluded, was hospitalized and given electroconvulsive therapy.

In his post-treatment elation he undertook considerable activity. So far as he was concerned, he was well. He had not been actually ill, but tried by God, in order that his experience of pseudoin sanity would give him more counselling understanding. His former state gradually recurred. Severely phobic and terrified, he appeared for therapy.

The first nine months of his analysis found his identification with introjects abating and a true object relationship budding. In the transference situation, the analyst, who had earlier been endowed with the qualities of projected introjects, became fairly consistently treated as the mother, particularly as a pre-oedipal figure. During the period of the shift from narcissistic to object identification, vacation dates were set. The following interview, on a Friday, he was silent, a reaction which was new, before a threatened period of absence. On Monday he reported a weekend of elation. He was jocular and teasing. His verbal content was laden with sarcasm, ridicule, and denials. He spent the first forty minutes of a fifty-minute period in an increasingly desperate attempt to provoke the analyst into anger. The therapist's silence became unbearable to him. He writhed and hurled cursing insults. Similar behaviour had been observed previously, and had meant that when the analyst was silent, Mr M. feared he had murdered him. Finally came an inquiry whether some event had disturbed him over the week-end. He ignored the question for five minutes and then shouted: 'I'll not satisfy your fucking-arsed Freud theory by being angry with my wife.' He suddenly stopped and reported a dream of Friday night: 'I carried sick children or guinea pigs in the back of my station wagon, to help them. But they got germs in my back end.' He then recalled that he had had to assist in the burial of a guinea pig on Saturday, saying: 'My daughter's guinea pig died. I tried like Hell to save it. I was scared. I'm scared as *shit* of death. One time we had a cat that died and I couldn't touch it. I had to have my wife carry it out to the grave. Maybe I'm mad at God for letting things die. God's doing wrong. He shouldn't *kill* things. He's unfair. I don't believe in Heaven. Hell, no wonder I fear death.'

On Tuesday he appeared calm and thoughtful. He said: 'It became evident that I hate God with a passion. I had a dream last night. I couldn't see anything but a hazy, grey cloud. I thought the words "The most horrible hate is the core hate, the anal hate".' He went on: 'Analitis is parsimony. The root core part of my problem is my hate for God. If I can get the roots tranquillized, the trunk and the branches and leaves won't be poison.' He returned to the material of the previous interview. He had heard the pig squealing. The pig lay on its side, paralysed and quivering. His first impulse was to feed it; to hold it to his chest. 'But I saw it was paralysed. I was afraid to touch it. Germs. Poison. Shitty sick, vile, weak. I'd get it from touch-

ing the fur. Finally I gutted up and touched it. I was afraid to look at it. It might die. I'd have to bury it in the cold ground. Oh, Jesus, now I remember. After my mother died, I used to dream my mother had been buried alive and was screaming and clawing to get out. Then I heard that dead people's hair goes on growing and I dreamed she was all hairy.' He cried. He opined that if his mother had not died, he would not have become sick. He castigated his stepmother and continued: 'I buried the pig under a tree. By the roots. To fertilize the tree. I want my ashes thrown on a flower bed. In the dream, the animals were sick. In the back. In my anus and colon. I wanted to push them out. Poison and bad. But I had to hold them in and help.' The analyst inquired why the pigs had been in the back of the car. 'Hell, I ate them.' It was asked whether he feared he might eat the dead animal. 'Christ, yes. That's *why*. Did I really want to feed on my dead mother and keep her in me? Shit, yes.'

At this point in the interview he felt physically helpless. The couch seemed to him to have spread out. 'I feel like I was on the operating table. With my penis exposed. Nekkid. I feel so damned cheap like I was a damned sham. I feel *sick*. I don't want to die. My mother's in Heaven. I've not been a gentleman. I've been a wild animal. She'd be there and she'd be ashamed of me.' After a short silence he went on: 'The dream was just haze. Like looking at a cloud. I see it now. It's white. Now I see a pug nose on it. A lit red light bulb. A baby's head? A darning egg, to hold in the hand? Now it has become a rain cloud. It's angry and raining, now. The nose has gone. Lightning and rain come out of it. I see the tree. My tree. It's not a successful feeding. An angry one. A bad old deal. The storm might kill the tree. Then it would be dead, decayed wood. Worms would eat it like they ate my mother. Now the storm is leaving and the sun's coming through. God. If I were well, I'd have nothing to work on. No aggressive need. I'd be so satiated. I'd end up a damned peeper. Just watch people's faces and reactions. The ball game would be over. I don't want to get well and have to leave you. I'd be unable to see you any more.'

A brief summary of the fragment concerning the dream screen experience is in order. He reacted to what he perceived to be a threat of desertion by withdrawal. The guinea pig became ill and Mr M.'s impulse was to nurse it to prevent its death. The dream of the children in his colon revealed his regressive, cannibalistic method of preventing loss. An elation reaction ensued and seemed to serve both as a denial of the devouring and of the threat of retaliation for ingestion and anger at God. God, as his analyst, was consciously equated with father but unconsciously with mother as indicated by ample

prior and subsequent material. During his acute psychosis he was sure his insane (shitty-dirty) thoughts would transmit psychosis to his therapists. His fears that he had murdered his mother were evident from associative material previously produced. It was at this point, then, that the dream screen phenomenon appeared. It will be recalled that his first associations were 'Anality is parsimony. The root, core part of my problem is my hate for God. If I can get the roots tranquilized, the trunk and the branches and leaves won't be poison (to my eaters).' The overdetermination of the following statements is obvious enough: the equation of vagina and anus, the fear of massive homosexual desires, the denial of feminine castration, the taking in by eating and retention to prevent loss, the transformation of the eaten through hostility into poison, the murder of the woman by the penis, and the retributive wish to kill through feeding poison via defecation all seem clear. Then in the interview appeared a state somewhere between depersonalization (1) and hypnagogia (13).¹²

The symbolism of the associations which appeared during his dreamy state is sufficiently lucid. In addition, following interviews revealed that the meanings of the symbols were preconsciously known to him. The cloud-screen became a breast with a big, attractive nipple which was simultaneously a baby's nose, as was the nipple-breast at the same time a baby's head, to be nursed and held in the hand. Threatened removal of the breast produced fury in the baby whose anger was projected on to the breast which angrily fed the baby-tree and resulted in its death, which then, through reaction formation, did not kill children-flowers but instead nourished them. To reverse the reaction formation, the babies were killed by the hostility-poison which was defecated on them. Mr K.'s associations to these phenomena led to emotional speculations regarding his reactions to the birth of his sister and the revived fury against the baby which killed the mother, if his own anger did not.

The wishes to eat and to be eaten are clear enough in this material. Then was stated the wish to sleep: 'If I were well (that is, reunited with my mother's breast in an objectless state without hostility) I'd have nothing to work on (that is, to grab on to and bite), I'd have no aggressive need. I'd be so satiated.' Then came an interesting statement reminiscent of the observations of Spitz (25, 26) and Boyer (3) that babies and psychotics watch their mothers' faces and reactions while feeding: 'I'd end up a damned peeper (damned because of later scopophilic tendencies). Just watch other people's faces and their reactions. The ball game would be over (that is, athletic struggle for the ball and the goal, the breast and reunion).'

¹² See also Sperling (24) and his references.

DISCUSSION

The case fragments contained in this communication present common denominators applicable with but slight differences in detail to the six histories from the author's practice and that provided by Dr Remus.

The mothers of Mrs K. and Mr M. had been cyclothymic and both patients had suffered overt schizophrenic episodes. Although each had begun treatment while actively psychotic, he had been able to tolerate psycho-analysis without alterations in the basic technique. Each had been interviewed four or five times per week in the usual couch situation and the therapist had maintained his role strictly as clarifier and interpreter. Each had made a definite shift from dealing with the therapist as projections of introjects to a tenuous but clear object relationship, having made of him a generally consistent transference figure while simultaneously identifying with certain of his realistically evaluated ego and superego attitudes. Both analysands had been confronted on previous occasions with separations from the analyst, after the shift from narcissistic to object identification had begun, but neither elation nor dream screen had followed. The earlier separations had been assumed by the analysands to have been for business purposes and had lasted but for a few days. The vacation period had been announced as such and each patient subsequently revealed sharp jealousy and fear of loss of the analyst's love. In addition to the holiday threat was an event in the environment which stirred memories of severe past traumata, each having to do with the loss of the mother. Regression to an elated or hypomanic state occurred, the analysis of which confirmed Lewin's (20) explanations.

How can the appearance of the elations and the dream screens be explained? Each patient had been able to form tenuous object relations in early childhood. However, the mental states of the mothers had left them periodically bereft, probably partly in as much as neither possessed a father capable of becoming a satisfactory mother-surrogate. During the life of each patient, he had turned to various figures in a frantic attempt to regain the earlier relationship with the mother; the sex of the tentative love object was unimportant. When relations with such mother-substitutes reached the bedroom phase, each had withdrawn into narcissistic states. In the analytic situation, each was markedly fearful of intimacy with the analyst and used withdrawal of various forms to main-

tain distance. Nevertheless each had begun to develop a basic trust (7) and to learn to accept the analyst more as a real person. With the concatenation of shift from narcissistic to object identification, threat of loss of the new, good mother and the external event which revived memories of childhood trauma, each renounced the new attachment and regressed to a psychologically objectless state, an attempt to fuse with the breast. The superego was largely renounced, with its archaic, maternally determined facets, and then followed the dream screen experiences, the analysis of which confirmed Lewin's hypotheses, that is, they represented a state of fusion with the breast, a renunciation of ego and object relations. The analyses of the experiences enabled recovery within a few days to the pre-vacation threat state of relationship with the analyst. It could also be said that each patient regressively sought to deny an object relationship which could again prove disappointing and sought to fuse with the new maternal surrogate, to eat and be eaten by, to prevent loss.

Rycroft's (23) contention that the dream screen represents an attempt in the course of the analysis to re-establish an object relationship with the mother via the transference seems paradoxical, inasmuch as fusion with the breast is a renunciation or denial of an object relationship. However, the paradox may be only apparent, depending upon one's viewpoint. In personal communications, he has added the following data which may reconcile his and the author's standpoints, explaining a modification of his theme and adding further data regarding his presented case. He states: 'After the dream he (the patient) projected the introject ("ideal breast") on to the analyst. The resulting relationship I inaccurately, but I think comprehensively, called an external object-relationship, even though, as I put it, "the external object still has the projected imago of the phantasied breast." What I then called an external object-relationship I should now call a projected internal object-relationship, but I would maintain that my patient's outlook was still one of narcissistic identification, but that it differed dynamically from the prior one in that the projection on to a real person, myself, opened up the possibility of a true object-relationship. Another way of putting it would be to say that the dream screen initiated a double cathexis of the analyst, one narcissistic and identificatory, the other an object cathexis, and that this double positive cathexis neutralized his fear and suspicion of me. It is

my view that the events leading up to the dream, the quasi-hallucination, etc., were the process of projection *in statu nascendi*. Although the clinical material I presented showed clearly the importance of the threat of the loss of the newly discovered object I failed to take account of it in my theoretical formulation. This I think is the reason why I interpreted the screen dream in a progressive sense in contradistinction to your regressive interpretation. However, if one draws a distinction between the significance of a screen dream occurring and the interpretation of the screen dream, our apparently contradictory interpretations can be reconciled, since these patients, instead of abandoning their new object when threatened by its loss and actually regressing, only have a dream of regressing and by doing so maintain the new object-relationship. When writing the paper I had the idea that one can only have a dream about the breast if one has got further than primary identification with it, that if it can be visualized it cannot be imagined to be in or attached to the mouth. If this idea, which derives, I think, from Lewin and Clifford Scott, is right, then a screen dream represents an advance in the level of regression, a decrease in the depth of regression, to which the patient can regress if he has made the crucial

advance from narcissistic to object identification.'

SUMMARY

Visual dream screen phenomena were presented by seven analysands, all of whom suffered from borderline states or schizophrenia. From the information available from their analysis, a tentative hypothesis is offered that dream screen experiences appear in therapy when patients reach the state of development when narcissistic identification is giving way to true object relationships via the transference, there is a threat of loss of the new object, and an event occurs in the environment which strongly reminds the analysand of a severe childhood trauma interpreted as desertion by the mother or her surrogate.

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UNCONSCIOUS FACTORS COMMON TO PARENTS AND ANALYSTS

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I propose, in this communication, to compare two relationships in which emotional growth occurs. These are the parent-child and the analyst-patient relations. The focus of attention will be on the unconscious activities of the participants and how these activities may contribute to personality growth. The primary purpose of the comparison is to arrive at one theory which will account for both forms of emotional growth.

I wish, in anticipation, to mention two implications which may arise out of the presentation, though they are unintended. First, the emphasis on the similarity between parent and analyst is not meant to deny the obvious and frequently described differences. Second, the description of similar unconscious elements is not intended to advocate that the analyst *should* feel and behave like a parent. It is intended rather to stimulate inquiry into what could possibly be the active ingredient in psycho-analytic therapy.

The point of my thesis and discussion will perhaps become more clear if I indicate briefly how I happened to become interested in this topic. Some years ago, the opportunity was provided me of making a diagnostic study of 54 so-called normal latency children and their mothers. A certain number of these children were found to be optimally normal, that is, emotionally and psychosexually mature. Because of this finding the following questions came to my mind: (i) Is the emotional growth or psychosexual maturation which occurred in these children quantitatively and qualitatively the same as that experienced by the patient in the analytic setting? (ii) If the answer to (i) is in the affirmative, then what is there in common between the growth-facilitating parent and the growth-facilitating analyst?

As regards (i), it would be difficult to prove or disprove conclusively that the equating of the two kinds of emotional growth is justified. One

difference is that the patient is chronologically an adult with a more or less adult ego structure and has already traversed, if not mastered, the previous growth stages. Yet a weighty counterbalancing similarity is that in psycho-analytic treatment the opportunity is provided for the patient's psyche to go back and resume its natural growth from the point at which it had become fixated or to which it had regressed, and we see the patient progressing through the same growth stages as young children pass through with their parents.

Rather than dwelling on the justification for equating the two kinds of growth—an interesting topic in its own right—I shall adopt it as a premise and proceed to the second question: What was there in common between parents and analysts? Not, of course, the investigative orientation of the analyst, his knowledge of the unconscious, and his deep interpretative techniques. Was it then an emotional maturity which was common to both growth-facilitating parent and analyst? There was evidence strongly supporting this possibility in that the mothers of the optimally normal children evidenced greater psychosexual maturity than did the mothers of the other children studied.

Thus one might have said that the emotional growth of the child and patient is facilitated by their being in a relationship with an emotionally mature adult. Although the mother has reached her maturity by natural means, and the analyst partly by natural means and partly through his own analysis, the end result would be the same. This end result has obvious advantages for child and patient. The emotionally mature adult is capable of beneficial object-relationships; he would be reliable, he would not stand in the way of the child's or patient's drive for autonomy, he would be firm when necessary, he would not present the child or patient with contradictions

incapable of being integrated, and he would serve as a good object with which the child or patient could identify.

Although I believed, and still believe, that this answer—that emotional maturity is the common feature—is essentially correct, it does not tell the whole story about emotional maturity. The version given here is a rather static one. The emotionally mature adult is pictured as a satisfied person who, having completed his own integration, can now offer himself as an eminently suitable, non-involved, non-obstructive object to the child and patient—can offer himself with no strings attached. The emotionally mature adult is not pictured as he should be pictured as a still hoping, wishing, fearing person who must have some of his own needs satisfied when he participates in an interpersonal relationship.

In the emotionally mature mothers, the fuller picture was seen. Although many aspects of the Utopian, static object could be noted, e.g., dependability, understanding, objectivity, yet there were unmistakable signs that a dynamic life was still going on, as evidenced by mood swings, resentments, wishes, and anxieties. More specifically, however, there were unmistakable signs that the emotionally mature mothers utilized their children to gratify some of their wishes, and to allay some of their basic anxieties. Expressed in broad, non-technical terms, these mothers used their parenthood to preserve their own continuity—to continue or to resolve through their children some aspect of their own growing up.

Now much of this has long been known, although it has perhaps been thought of as applying more to immature than to mature parents. Freud, in his paper 'On Narcissism', classified parental love as love according to the narcissistic type, that is, the parent loves 'what he himself is, [or] what he himself was, [or] what he would like to be, [or] someone who was once part of himself' (6, p. 90). 'If we look at the attitude of affectionate parents towards their children,' he wrote, 'we have to recognize that it is a revival and reproduction of their own narcissism, which they have long since abandoned. . . . They are inclined . . . to renew on his behalf the claims to privileges which were long ago given up by themselves. . . . The child shall fulfil those wishful dreams of the parents which they never carried out (6, pp. 90-1). He goes on to say what anxiety impels the parents to renew themselves in their children. He writes: 'At the most touchy point in the

narcissistic system, the immortality of the ego, which is so hard pressed by reality, security is achieved by taking refuge in the child' (6, p. 91).

Freud's later writings do not mention any comparison between analyst and parent. And with few exceptions, the subsequent literature contains no description of the libidinal position and unconscious orientation of the analyst, which bears any resemblance to that given by Freud concerning the parent. According to the prevalent traditional opinion in the literature, the analyst is not described as loving (or even being interested in) the patient in a narcissistic way, or as renewing in the patient's person some ancient claims of his own, or as seeking to fulfil through the patient his own dreams or wishes, or fleeing to the patient out of concern over the immortality of his own ego. While the analyst is admittedly rather human and may evidence these narcissistic reactions towards his friends, his wife, the children, still in his relationships with his patient he has a different unconscious orientation which is influenced toward sublimation by what has been sometimes called his special 'work-ego'. And while it is true that the patient may stimulate certain parent-like reactions in the analyst, the constant and sometimes exhausting effort in handling these reactions so that they are sublimated in the direction of cognition and investigation is totally unlike the orientation of the parent.

In only a few papers in the literature are parental attitudes specifically mentioned in reference to the analyst's psychology. Gitelson mentions them in connexion with his warning about the dangers of artificial role-taking and maudlin sentimentality. He writes, 'Any analyst who looks upon himself (as "motherly" or "fatherly") may be presenting a chronic character defence or surviving transference potential . . . and that in psycho-analysis proper is a gross interfering factor' (8).

In the writings of Benedek a somewhat different picture of the analyst and many parallels to the parents may be found. A suggested resemblance of analytic to parental behaviour may be seen in her statement, '(It becomes) part of the therapeutic activity to analyse and *influence* (italics mine) many of the actual decisions and life situations of the patient' (1). A more open parallel between unconscious activities of analyst and parent may be seen in her paper on 'Counter-transference in the Training Analyst.' She writes, '. . . Training analysts tend to project themselves unduly in the candidate, they tend to

identify themselves as parents do with their children—with the candidate. . . . The training analysts often act and often they even behave as overprotective parents' (2). Benedek here is obviously not advocating that training analysts should behave like parents, but rather observing that they do tend so to behave.

Racker, like Benedek, finds parallels between the training analyst-candidate situation and the parent-child situation. He says that if the training analyst represses his counter-transference, he will not be able to analyse the candidate's transference successfully, and the candidate will similarly repress his own counter-transference when he becomes an analyst. This sequence of events 'is a heritage from generation to generation, similar to the heritage of idealization and denial concerning the imagoes of the parents, which continue working even when the child becomes a father or a mother' (12, p. 307).

Thus the literature, with the exception of papers such as Benedek's and Racker's, offers few direct clues as to unconscious features common to growth-facilitating parents and analysts. It appears, though, that the bulk of the literature, rather than explicitly denying that there are such common features, tends rather to emphasize what seem to be the differences between analyst and parent. Thus, regarding the analyst, the emphasis is on the unconscious sublimatory work which the analyst's psyche has to do on the crude narcissistic impulses aroused in him by the patient, rather than on the narcissism itself. Regarding the parent, the emphasis is on the unconscious narcissistic impulses instead of on his sublimatory powers.

One could proceed deductively in this matter and assert that whatever Freud described about the unconscious activities of parents would apply equally to the unconscious activities of analysts. The syllogistic argument would be as follows: (a) Parents tend to renew or continue themselves through their children because of a basic anxiety; (b) all mature adults have this tendency and anxiety because certainly an adult does not become less mature by virtue of his becoming a parent; (c) therefore the analyst, being a mature adult, has this tendency and anxiety.

Apart from the syllogistic argument and equating, the task still remains of more clearly delineating the unconscious factors common to analyst and parent, and of describing what bearing they have on the emotional growth of the patient and child. If we begin with the analyst, about whom more has been written, it appears

that his principal, pertinent unconscious mechanism is that of identification. By consciously putting himself in a state of free-floating attention, he allows his unconscious to be stimulated by and to identify with the unconscious of the patient. This sequence of events is the basis of empathy and of understanding the patient. Fliess gives a clear exposition of the sequence in his description of the empathic trial identification: '(i) The analyst is the object of the patient's striving; (ii) he identifies with his object, the patient; (iii) he becomes the subject himself; (iv) he projects the striving, after he has tasted it, back on the patient and so finds himself in possession of the inside knowledge of its nature, having thereby acquired the emotional basis for his interpretation' (4).

The parent, according to such writers on motherliness as Benedek, engages in similar empathic identification activities. Furthermore, mature mothers in the 'normal' study showed unmistakable evidence of being able to empathize with their children's need for dependency and autonomy. Other mothers in the study showed a limitation in empathy in as much as they identified the child wholly with themselves or their understanding of the child was blocked by their guilt. To be sure, the mature parent does not consciously put himself in a state of free-floating attention, nor does he consciously use the empathic end-result for the purposes of interpretation. However, the essential unconscious process and mechanism, that of empathic identification, is highly similar to, if not identical with, the unconscious process in the analyst.

The question arises, 'What bearing does this identification process in analyst and parent have on the emotional growth of patient and child?' In the case of the analyst there are two possible bearings: (i) The analyst's interpretation, which is derived from his empathic identification, enlightens the patient, makes conscious for him what was previously unconscious, and so liberates energy for ego growth, energy which had previously been used by the patient for repressive efforts. (ii) The analyst's empathic attitude—considered quite apart from the derivative interpretation, but considered in relation to how he communicates his interpretation—conveys to the patient a feeling of closeness and support, which, by decreasing the basic anxiety of the patient, makes repressive efforts less necessary and thereby frees energy for purposes of ego and emotional growth.)

In the case of the parent, only the latter bearing

would apply. If, as Freud says, the first and basic anxiety of the child is that relating to being alone, to being unable by himself to cope with the intense instinctual frustrations, then the empathic supportive identification of mother with child does much to decrease the child's basic anxiety. And, as Benedek writes, such repeated empathic identification by the mother gives rise in the child first to a feeling that the mother is with him and then to a more conscious feeling of confidence. In each subsequent growth stage, after the oral dependent one, the empathic non-anxious understanding of the mature parent helps the child to negotiate the growth stage successfully.

If we stopped at this point, we might say that a strong case could be made out for the thesis that identification is the *basic* unconscious mechanism common to analyst and mature parent which has a direct causal bearing on the emotional growth and maturation of patient and child. By 'basic' I mean that identification activities are the crude raw mechanisms out of which empathic understanding arises. Although identification is a necessary precursor to empathy, there is no guarantee that identification will always lead to empathy. Unless the identification process undergoes much conscious and unconscious sublimation and refinement, there is a considerable probability that the child and patient will not receive the benefits of empathic support but rather will suffer the consequences of mis-identification, to use Knight's term. In mis-identification the parent and analyst, instead of identifying with the real child and patient, identify them with other children, other patients, objects from their own past, and with themselves. The child and patient, in turn, do not feel really identified with, but rather that they are mis-identified or confused with someone else. With the proviso, then, of necessary sublimation of the crude mechanisms, the thesis remains quite attractive that identification is the unconscious process common to growth-facilitating parent and analyst.

I should like to go beyond this point, however, and inquire into unconscious identification, the precursor of empathic understanding. For it is in this area that differences between analyst and parent are sometimes alleged to exist. Concerning this large and complicated topic of identification, I wish to deal mainly with the roles played by introjection and projection. Most of the literature emphasizes introjection as the main mechanism in the analyst's identification activi-

ties and projection as the main mechanism in the parental identification. Because of this differential emphasis, the impression may have been gained that parents and analysts differ in this aspect of unconscious activities.

The essential feature in introjective identification is that the ego of the identifier is modified by what he takes in or introjects from the object—and that the object's ego remains unchanged. The essential feature in projective identification is that the ego of the identifier is unchanged, whereas the object's ego may be modified or under pressure to modify, if the identifier is strong and the object is weak. In other words, in introjective identification the shadow of the object falls on the identifier, whereas in a projective identification the shadow of the identifier falls on the object.

Parents are much more often described as engaging in projective identification. The mother, for example, in projecting her childlike self on to the child and loving it, casts a shadow on the child and exerts some pressure for the child to introject the parental projective expectation, and thus modifies its ego. Analysts, however, are more often described as engaging in an introjection-projection sequence with the introjective phase coming first. In the empathic identification by the analyst, projection is described as playing a part, but what is projected is not the analyst and his personality, but what he has introjected from the patient (4, p. 215; 13).

The sequence of projection following rather than preceding introjection seems to be stressed in order to show that the analyst's own personality does not modify the patient's ego, nor obstruct his perception of the patient. Thus Fliess writes, 'We have been able to guarantee that no instinctual addition of our own disturb the picture of the reproduction of the striving onto the patient' (4, p. 219). Yet when Fliess in a later paper writes, 'When we identify ourselves with someone, we should be he, but clinical observation suggests ever so often that he is us' (5, p. 278), he indicates that quite often a personalized painting is offered the patient rather than a realistic photograph. It is Knight who explicitly mentions projection as the primary element in empathic identification when he says, 'Intuition when reduced to its component factors may be defined as the capacity for accurate, selective projection of one's own needs and feelings on to the other person' (11).

The literature, then, does not substantiate a possible view that projective identification is

peculiarly a parental activity and not an analytic one. Certainly the totality of the analyst's unconscious response to the patient—i.e. his countertransference—consists of a projection on to the patient. Furthermore, instead of projection being restricted to the process of getting rid of an externalizing undesirable ego-alien component, it can include the externalizing of desirable ego-syntonic components.

That some form of projective identification on the part of parents may not be deleterious to the child is supported by some findings of mine reported in an earlier paper (9). In this study of so-called 'normal' children and their mothers, it was found that mothers frequently and consciously saw themselves in their daughters (a form of projective identification). The frequency of this recognition of resemblance to self was much higher in mothers of these non-disturbed than in mothers of clinically disturbed girls.

The other aspect of identification which I would like to discuss is that concerning the unconscious motive for identification, for introjecting the object and projecting one's self. If there is a division of abundant opinion in the literature as to how the analyst identifies, there is a decided scarcity of opinion as to *why* he identifies. We are not so unenlightened regarding the parents' motivation for identifying, for we have Freud's explicit statement that they wish to perpetuate themselves and the pleasures of living through their children.

It is true that there have been speculations as to what unconscious factors motivate the analyst's entire activity. Most traditionally, the gratification of the analyst's scopophilic tendencies is thought to motivate him to observe the patient. Fliess has speculated upon the masochistic gratification of the analyst who has to deprive himself of instinctual gratification. Racker suggests that the motive of the analyst is to repair the objects of his childhood aggression and to overcome and deny his guilt. He writes, 'What motive (in terms of the unconscious) would the analyst have for wanting to cure if it were not he that made the patient ill' (12, p. 324).

But regarding the motive *per se* for identifying and empathizing, there is none offered except the rather conscious one of desiring to obtain an accurate perception of what is going on in the patient. This lack of mention of unconscious motive is due, I believe, to the psycho-analytic emphasis on the cognitive uses of empathic understanding rather than on the mutual gratification that analyst and patient receive from the

empathic atmosphere. Racker describes quite explicitly the mutual and reciprocal gratification proceeding from empathy even though he does not formally designate them as a motive. He says that the analyst's unconscious is influenced by the law of talion and he will give pleasure if he gets pleasure and will inflict pain if he is pained. My impression is that the analyst's unconscious motive in identifying is quite similar to that described by Freud in the parent and to that implicitly described by Racker, namely, the perpetuation of pleasure and the avoidance of painful cessation of pleasure. I shall try to substantiate this impression by re-examining some earlier psycho-analytic postulates.

Let us go back to the motive given by Freud for the introjective identification. The person guards against loss of the cathected, pleasure-giving object by introjecting the object into his own ego, thus becoming like the object and loving his new self. This motive is clearly to perpetuate the pleasure-giving object. However, after the introjective identification, the self-love is heightened because the modified ego with its new identification is more positively cathected. As Freud says, 'The libido which flows into the ego owing to (these) identifications . . . brings about its "secondary narcissism"' (7).

Now the question arises: 'How does this resulting, more highly cathected ego with its secondary narcissism and greater self-esteem defend itself against libidinal loss?' It might be answered that part of the increased ego cathexis is held in a sort of mobile reserve so that the defence against libidinal loss is to re-engage in a gratifying object relationship. However, this answer would not suffice for the large part of the increased ego cathexis which is more or less permanently organized within the ego.

I believe it is through the projective identification that the person guards against loss of his libidinally cathected ego—through his projecting his cathected self onto the object, identifying with it, and loving his old self in the object and ensuring it a certain immortality. The motive and mechanism are the same in Ferenczi's description of the way in which a small child deals with the loss of his own valued omnipotence. The child projects the omnipotence on to the parent with whom he then introjectively identifies. Knight also mentions the projection of our positive feelings about ourselves on to other people as a defence against depressive loss of self-esteem—we feel we are loved even though the love comes from the projected part of ourselves.

Does the analyst, like the parent, unconsciously project a part of his valued and cathected ego on to the patient in order to ensure its immortality? One would think that if this is the principal way of protecting the secondary narcissism against extinction, and if the analyst with his healthy self-esteem has at least an average component of secondary narcissism, he must in some way employ this defence mechanism.

I believe he does employ the mechanism in a subtle way. To be sure, he does not project his entire self, or even his idiosyncratic self so that he would wish the patient to be just like himself. Rather—and like the mature parent—he projects that part of himself which is of a universal, supra-individual nature, that part of himself which he had originally received from the culture in which he lived. From the general culture he has received ethical values, from his more special psycho-analytic culture he has received a craft and an orientation to life. He tends to transmit social and ethical values to the patient in his interpretation of what is and what is not acting-out. He tends to pass on the specific analytic heritage, the craft of self-analysis, at the completion of a successful analysis. Hoffer seems to suggest this bequeathing of a heritage when he writes: 'Treatment can be terminated when the analytic process can hopefully be entrusted to the apprentice himself' (10). If the analyst is not always the artist, who, as Bychowski says, protects his narcissism by projectively creating imperishable objects which will defy the laws of change and oblivion, he must then, in some subtle way, protect his ego investments by preserving imperishable objects created by others and bequeathed to him.

A question closely related to the foregoing is 'How interpersonal as opposed to intrapsychic are the gratifications of the empathizer?' Parents and analysts are sometimes supposed to be different in this respect. In return for the parent's empathy and love, the child is sooner or later expected to modify his ego by conforming or achieving, or by being happy, or by being affectionate to the parent, etc. According to Anna Freud, the potential withdrawal of love or empathic closeness is used by the parent in educating the child. Analysts, on the other hand, are sometimes spoken of as receiving a more autonomous gratification, as not requiring that the patient's ego be modified or that the patient reciprocate in some way. The implication in some of the literature is that the act of empathiz-

ing gratifies enough intrapsychic rather than interpersonal libidinal needs, or relieves enough guilt or secures enough intellectual enlightenment, or sufficiently bolsters the professional ego ideal of being an empathizer, for the patient not to need to give anything back to the empathizing analyst.

However, it is quite likely that some amount of interpersonal *quid pro quo*, barter and exchange transactions may go on in the analyst-patient setting. This is suggested by Racker's comments that pleasure-giving is answered by pleasure-giving, and pain-inflicting by pain-inflicting. And it is undoubtedly true that the analyst may expect such real interpersonal gratifications from the patient as emotional growth, structural change, serious application to the analytic work, affection, gratitude, admiring discipleship, happiness, etc., and he may evidence his interpersonal gratification by his enjoying his patients as well as enjoying his work. The point I wish to stress is that parent and analyst may be alike not so much in *what* they specifically want in return for empathizing but rather in that they *do* consciously or unconsciously expect *something* back for their empathic investments.

The question may arise whether these interpersonal give-and-take transactions are conducive to emotional growth. It is quite probable that, as in the case of any inevitable human phenomenon, they are an aid when in proper dosage and a hindrance when in improper dosage. A growth-hindering amount of interpersonal expectation would occur in a situation where it is not currently within the child's or patient's power to gratify the parent's or analyst's high expectations or demands. Such a situation frequently occurs with the parent's first child and the analyst's first patient. Parent and analyst have, as yet, not enough confidence that their methods will be successful, and they may demand repeated and frequent proofs from the child and patient that they are adequate in their roles. The more experienced, mature parent and analyst, I believe, do not give up their interpersonal expectations but rather gauge their expectations to what the child and patient are able to do at the time, and are able to gauge them because they are fairly confident that the long process of growing up will end successfully. Their expectations are also lessened because they derive many gratifications from other sources. But to abolish their expectations completely would be to run the risk of abolishing their basic motivation for empathizing.

Also, one would wonder how conducive to growth would be the absence of any interpersonal expectations. The child, for example, would then grow up without fully learning the reality principle. This principle as applied to inanimate objects reads, 'You will be burned if you satisfy your curiosity to touch the fire.' But as applied to animate human objects it may read, 'You cannot preserve an object-relationship unless you occasionally rise above your subjective needs and gratify the expectations and wishes of the object.'

As a final point in the comparison of mature parent and analyst, I would like to address myself briefly to the question of what sublimating features they have in common, of what prevents the crude subjective and narcissistic but obviously necessary precursors of empathic understanding from issuing forth in an unmodified way and damaging child and patient. I believe that Erikson's concepts are useful in this connexion. He postulates that at each stage of maturation a particular psychic motif is most dominant. In the healthy adult personality, one of these motifs is the desire for generativity. He defines generativity as 'primarily the interest in establishing and guiding the next generation' (3). It issues out of genitality and is the precursor of the final stage of adulthood, namely integrity.

It is, I believe, the desire for generativity, the psychological correlate of the race-preservative reproductive instinct, the nurturing tendency in the mature parent and analyst, which checks and helps to sublimate any crude impulse toward narcissistic exploitation of the child and patient. It is this tendency which, as described earlier, makes the mature adult capable of beneficial

object relationships. If he is to perpetuate the best in himself and in society, he will wish to give rise to an emotionally healthy, autonomous and affective offspring rather than to a crippled one. Humanitarian as this tendency is, it can lead to over-ambitiousness in parent and analyst unless it is held in some check by the concept of integrity—a concept which I take to include the emotional acceptance of the idea that one's personal integration rather than one's reaching an idealistic abstract perfection is the only feasible goal of growth.

To summarize the main facets of this paper. Based on the premise that the emotional growth occurring in the parent-child setting is similar to that occurring in the analyst-patient setting, the aim was to ascertain what factors are common to growth-facilitating parent and analyst. Empirical evidence gathered from a study of so-called normal children and their mothers, and certain theoretical considerations, led to the following tentative conclusions regarding common factors: (i) In general terms the emotional maturity of parent and analyst; (ii) in more specific terms, the capacity for empathic identification and its unconscious precursors; (iii) these precursors—introjection and projection—when refined and sublimated not only gratify and perpetuate the libidinal cathexes of the parent and analyst, but also facilitate the emotional growth of patient and child. The obvious qualitative and quantitative differences between analyst and parent and between patient and child have not been discussed. The deliberate focus of the paper is intended to stimulate inquiry about the possibility of a unitary theory of emotional growth.

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REGRESSION AND INTEGRATION IN THE ANALYTIC SETTING

A Clinical Essay on the Transference and Counter-Transference Aspects of these Phenomena¹

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INTRODUCTION

In the post-war years researches in ego-psychology, and a greater understanding of the child-care techniques and the importance of the environment in the primitive stages of ego-development (Winnicott (19a, 22, 24)) have led to a more sensitive and careful assessment of the role of the analyst and the analytic setting towards the establishment and evolution of the clinical process, which in classical terms is called 'the transference neurosis'. The writings of Winnicott (20, 21, 22), Balint (1, 2), Waelder (18), Rycroft (15), and Little (13), to mention only a few, amply bear this out. Discussing the importance of the part played by the frame in the painting of pictures, Milner (14) states: 'The frame marks off the different kind of reality that is within it from that which is outside it; but a temporal special frame also marks off the special kind of reality of a psycho-analytic session. And in psycho-analysis it is the existence of this frame that makes possible the full development of that creative illusion that analysts call the transference.' What Milner calls 'the frame' in the above quotation I here discuss as the analytic setting.

I wish to make two further notes to clarify my use of the concepts transference and counter-transference in this essay.

Transference as the 'therapeutic alliance' (25) I shall take for granted. It was a very impressive trait of Mrs X's personality and behaviour that through the various vicissitudes of mood and emotion in her treatment the 'therapeutic alliance' was never once really threatened. In speaking of transference, therefore, I shall be referring mostly to its dynamic and genetic aspects, which one usually associates with the concept of 'transference neurosis'.

By counter-transference I do not mean here the conflictual unconscious transference in the analyst. I am not pretending that such experiences during this treatment were absent from my relationship to the patient. But I do not think that one gains anything from confessing them to an impersonal audience any more than one would were one to confess them to the patient. By counter-transference, therefore, I mean the conscious and total sensitivity of the analyst towards the patient; it is more than a merely intellectual rapport and comprehension. I mean by it what Balint has called 'the analyst's behaviour in the psycho-analytic situation or, as I prefer to phrase it, the analyst's contribution to the creating and maintaining of the psycho-analytic situation.' It is this aspect which I shall emphasize. I shall try to detail what demands the patient's transference-needs made on this counter-transference in the analytic setting. Hoffer (11) calls this counter-transference the analyst's 'humanity', and he defines it as follows: 'the analyst's transference refers to his human appreciation and responses, to the patient's realistic needs in the various stages of the psycho-analytic treatment.' Heimann (9, 10) in her two papers on Transference and Counter-Transference has discussed at length the dynamics of the patient using the analyst as his supplementary ego. I think what I shall be discussing as the patient's demand on the analyst in the regressive phase amounts to very much the same thing.

In a very recent paper Greenson (8) has tried to establish a clinical syndrome that has become the frequent picture of most analytic cases over the past decade or so. He says: 'In the early years of psycho-analysis, patients coming for treatment were suffering from symptom neuroses,

¹ Read to the British Psychoanalytical Society on 4 February, 1959.

a relatively clean-cut and well-defined group of pathological formations. The clinical picture changed as society changed and after World War I patients seeking therapy were found to be suffering from character disorders, an ill-defined, heterogeneous form of neurosis. Since resuming practice after World War II, it seems to me that once again there is a change in the prevailing clinical picture of patients coming for psycho-analytic treatment. They are still preponderantly character-disorders, but now the pathology seems to be centred round a defective formation of the self-image, an identity disorder. . . . These patients are essentially impulsive—depressives with a hysterical super-structure.'

The following case, that of Mrs X, seems to me to belong to this type of disorder. The major point of this essay is to show how in these cases the 'transference neurosis' takes the form of an anaclitic regression in the analytic setting and thus makes a very specific demand on the personality of the analyst in his counter-transference. The basic question the analyst has to ask himself is: 'What is the patient's need now, and from whom?' Exploration of this can lead to a fruitful discovery of the patient's subtle attempts to meet the basic needs in such a way that a reactive and defensive character-formation has been established in the personality. This sort of character-formation has the sole function of care-taking of the self, and hence distorts both ego-development and ego-enrichment and militates against genuine instinctual experience as well as object-relationships. Severe and sadistic internal object-relationships are then more operative than a healthy superego formation. Hence in spite of their complex experiences and achievements these patients suffer essentially from a sense of futility, boredom, and purposelessness (20, 23, 7, 8, 4).

As the result of three years of analytic work, Mrs X made a very good recovery from an illness which was characterized by chronic and severe depression and marked ego-dissociations. I am using the concept of dissociation here in terms of ego-weakness and ego-strength as discussed by Glover (7). It is not my intention to discuss the psychopathology of this case. My emphasis will be on the development and vicissitudes of the clinical process in the analytic setting, the interplay of the transference and counter-transference, as the regressive and integrative processes crystallized in the analytic setting.

CLINICAL REPORT

First Phase

What I am delineating here as the first phase lasted just over a year.

Mrs X was referred to me shortly after her breakdown. The circumstances of this were that following her husband's recovery from a psychiatric hospitalization he had taken a job in another town and the family were ready to leave to go there. On the day of their planned departure the patient had wandered away from home in a state of panic and confusion. She was found wandering in this state and taken to the home of a friend. She could not face returning to her family, which consisted of her husband and her only son. The friends were very disturbed by her agitated state and called in a doctor, who put her on sedatives. When she had gathered herself together a little she got in touch with the psychiatrist whom she had consulted two years earlier about her son, and he referred her to me.

The breakdown, as the patient called it, had happened a week before. Meantime her husband and son had left for the new town, her husband having left her enough money to meet the expenses of the treatment. It had been agreed between them that after two years' treatment she would join the family. One is tempted to add the cynical comment: 'and live happily ever after'!

The comment is not as cynical as it sounds. It is very relevant to this patient's way of handling things at this stage. The material of the first interview, a series of contradictions and dissociations in her behaviour, and her general attitude had made a very distinct, though not easily definable, impression on me. Mrs X was a woman in her early forties. She had had a very unhappy childhood, a disturbed adolescence, and many traumatic social experiences since, both political and familial. Her marriage had been extremely violent in its emotionalism and conflicts. All her experiences had, according to her account, always ended in failure, humiliation, and futility. Though she could always muster strength to meet a crisis, her normal personal existence was one of subsisting in a mood of apathy and depression. She had little sense of personal initiative or direction and yet she had managed to survive some very critical situations. I was struck by her curious sense of self-preservation. She had given a sober account without trying to make it look 'good' or interesting.

In spite of the complete breakdown of her

reality she was strangely optimistic. Her breakdown had not come as a surprise to her, even though its suddenness had bewildered her. Things seemed to happen to her with a certain inevitability, and her only contribution seemed to her to have been that somehow she always survived it all. Just as her breakdown had presented her with a very distressing situation and with a singular determination she had decided to have treatment, because that had been suggested to her as the only way out.

It is difficult to define this strong impression of dissociation that I experienced in Mrs X in the first interview. It was also clear that she was presenting me with a patient, handing over an ill part of herself. She was a pleasant-looking woman, somewhat obese in build. Her clothes, though extremely neat and tidy, were worn with a distinctive dowdiness. There was unmistakable liveliness in her face, though her general body behaviour was very depressed. In her narrative, helplessness, depression, and futility were mixed and alternated with a sort of phallic alertness, defiance, and a shrewd sense of self-preservation. I was struck by the fact that her latent mood of optimism, in spite of her very chaotic and insecure social situation and acutely disturbed affective condition, had committed me to a complementary optimism, and I had agreed to treat her. I could not help noticing that I had responded to this element of 'appeal' in her whole way of being; and yet when I tried to define this 'way of being' to myself it amounted to little more than a series of vivid stills held together by a mood of apathy and depression in the patient.

Mrs X started the treatment the day following her first interview with me. From the beginning I was impressed by her resoluteness about having an analysis. The treatment meant everything to her and on it she had pinned all her hopes. It is important to emphasize the fact of her hope from the *treatment*, because only very gradually was she going to discover and find a capacity to build a relationship to me where I was registered as real. This capacity of hers to endow the treatment with such power and be so dedicated to it saw her through all her vicissitudes of circumstance and disorders of moods in analysis. It never wavered; always she had a good strong rapport with me, as the vehicle of the treatment. The same was true of the analytic setting. Both my setting and I were vehicles of the treatment; and of course all this is clearer to me now, in retrospect, than it was at the time. To get back

to the clinical process, Mrs X was always a co-operative and eager patient. She had a considerable facility for expressing herself in words, though it surprised her a great deal that she had never used it before in her relation to people, and even now she could never talk to anyone significantly and with full feeling.

The first seven months of the treatment progressed very smoothly and fruitfully. The analytic material was abundant, and the patient began to relax into what she felt to be the beginnings of a personal life through all the relief and understanding she experienced from getting her past into narrative focus. I am deliberately using the phrase 'narrative focus' here to establish the cathartic effect of recollection and recounting of memories and experiences.

The patient's life-history as we gathered it together in this period was roughly as follows. She was the only child of fairly affluent parents and came from the European continent. Of her father, a teacher, she saw very little during the first years of her life, because of his absence on war service. He was a hard-working man, very popular in the community and very unpopular with his wife. He was a soft-spoken, kind, rather schizoid person who developed great fondness towards his daughter.

The mother, a woman of vigorous hysterical character, was excessively emotional, aggressive, ambitious, and felt very wronged by her husband. Everything, the mother felt, had gone against her. She had wanted a son and instead had given birth to this daughter, who as a child was plain, fat and clumsy. To top it all the child had started to squint at the age of 5, and this had completed the mother's misery. She tried everything, from doctors to bribes, to make something presentable of this child. But the more she bullied and coerced her daughter the more had the daughter obliged her with disappointment. A very sado-masochistic relationship with the mother established itself, further reinforced by, and repeated with, a series of governesses who were equally sadistic and severe; and the patient had given them all every opportunity for exercising their talents in this direction. Her major and unflinching way of defeating them was to be always sunken in an apathetic lethargic depressive mood. She was no good at games; she had hardly any memories of playing with other children or of having any friends. She had a very apathetic latency, characterized by loneliness, misery, endless humiliations, and racial segregation.

From this period she had also another set of memories, and in contrast to those of her mother and governesses these were highly idealized and precious ones, of two women who had been very kind to her. The first was her peasant nurse, who had looked after her from the start till she was three. She was a very cosy, plump, huge lap of a human being. She had indulged and spoilt the patient, and during this phase of the treatment she was the one ideal good rescuing object. The other was a music teacher who taught her for a short time when she was 8. The patient had lived in a mute and ecstatic relation with her. Like the nurse, she had suddenly disappeared one day from the patient's life.

About her tenth year she built a good and fond relationship with her father, and this had started her on her development. She began to study and to take an active interest in her work for the first time. It was clear that what had created this very special bond between father and daughter was a shared sense of deprivation in relation to the mother; they were also in alliance against this bully of a woman.

The father died suddenly when the patient was 16. She had reacted to this loss not with grief but with dissociation. Suddenly, the mother and daughter both became maximally alert and effective. The mother, instead of experiencing her self-pitying bouts, now took over the tending of the family interests, while the daughter went to university and blossomed out into hyper-activity and over-enthusiastic exploration of the world around her. How the patient was to repeat this pattern again and again could hardly be exaggerated. The relationship between mother and daughter as such never improved.

In college she had at first passionate and vehement attachments to girls, which never became physically intimate. A little later, guided and sponsored by romantic erotic reading, both psychiatric and literary, she abandoned herself to a promiscuous exploration of heterosexuality. None of these relationships ever achieved stability or any deep emotional value. I would like to say in parenthesis here how similar, while working through this stage, the picture was to those described by Anna Freud in her paper 'Certain Types and Stages of Social Maladjustment' (5). The suppression of phallic masturbation and the flight from it to heterosexuality with a corresponding flooding of ego-activity with sexual content was extremely typical of her affairs. Later she was to repeat this sequence in

her marriage and very soon to act it out in what I shall be describing as the manic phase in her analysis.

One great advantage of this expansion in the adolescent period had been that it had put the patient in touch with her ego-capacities. It was, however, to have a traumatic and sudden end. She had just qualified at the university as a teacher when her country was invaded. She managed to escape, but never saw her family again, as all of them perished in gas chambers. During this phase of treatment she had little feeling and very little conscious guilt about this loss. Her typical reaction was one of humiliation at the total collapse and failure and acute rage at it.

The patient escaped to England where for six years she had to do very menial jobs in order to survive. But this made little impact on her for her inner rhythm had already changed. The exuberance of her adolescence was over, and she had sunk back into the apathetic depressive dullness of mood that had characterized her childhood and latency. From one aspect this enabled her to survive what otherwise she might have experienced as too overwhelming and painful. To use her own phrase, she had lived in this *blanket* ever since, for nearly fifteen years. If actions were demanded of or insisted upon from her she always woke up to provide them. She made a very useful, passive, menial worker. She had also turned completely against instinctual needs with little sense of their reality or existence. She had no friends and made none. To her this phase of her life seemed a curiously benign, parasitic existence; she felt humiliated and crushed but safe.

After the war she had to return to her native land. Just before this she had met a young Englishman who had become very fond of her. When she returned to her country she was amazed at the changes, yet with her typical shrewdness she realized that things were no better and she would perish if she stayed there. When the young man suddenly asked her to marry him she readily agreed, because then she could live in England. I would like to stress here that this motivation was clearly derived from self-preservation rather than from calculated mercenary schemes. The marriage started traumatically with the discovery that her husband was a drunkard. This frightened her so much that for the first time she thought of suicide, but instead sank into the apathy in which she stayed until her breakdown.

The patient had been married for eight years when she started treatment. Soon after her marriage she became pregnant, and the ensuing months were distressing and full of ugliness and rows. The stress led to a very difficult labour which, owing to the husband's panic and the doctor's precipitate interference, constituted one of her worst experiences. The condition of the husband deteriorated rapidly. At the same time, the patient's relationship to her son was extremely ambivalent and she felt acutely helpless and humiliated. Here a very significant reversal of roles took place. Her husband was also a school-teacher, who was in charge of a school. His drunkenness made it impossible for him to do his work, so the wife took over his job to keep the family going and he became a mother to the child. This was a completely typical experience for her: on the one hand it put her into a superior relation to her husband and she did the job well, and on the other hand it symbolized for her the utter nullity and uselessness of her existence as a person. She had intensely wanted a son, and once she had had her wish she had miserably failed. All this led to an intensive and fruitful amount of work in her analysis.

Eventually the husband had a psychotic breakdown and had to be hospitalized. At first this reduced her to panic but she coped with the situation by taking on a new job as a teacher, which she just managed to do. Her attempt to have her son with her completely failed again. She was so horrid to him and helpless, so desperately eager to make a success and continuously failing, that eventually she sent him to a residential nursery on the advice of her friends.

It was when the husband came out of his breakdown and they could set up as a family again that the patient had broken down herself.

I have given a very bare and insufficient account of these first seven months. The patient found a good residential job as a teacher in the first week of her analysis, which allowed her to come for treatment daily. I cannot help saying how *wisely* she chose her job and setting, as if she *knew* what was coming and what she would need. This sort of wisdom is also very typical of her. I shall describe this setting later on, because it played a very important role in the maintenance of her treatment.

During these seven months the analysis ran a very smooth and classical course. She was enabled to see readily the nature and use of her defence mechanisms, her multiple identifications with her parents, the acute ambivalence and

rage, the denial of aggression and her mood of rage behind her apathy. There was much material about impulsive violence and aggression against pet animals, and the confusion between her son and these animals was very marked. The interpretation of her aggression and the easing of the total repression of her instinctual needs enabled her to start 'to move around a bit' as she put it, and a few interests began to re-emerge. Nevertheless, there remained many difficulties. She still lived an extremely phobic, restricted, and apathetic personal life. She just managed to perform the bare minimum of work, and fortunately the setting of her school was very lenient on this score.

All through this phase she was obsessed with her sense of loss of her son. She felt as if she had lost a limb, and the memories of her failures were acute, compulsive, and very painful. Her husband kept her regularly in touch with the son's activities and development, by letter. It was quite clear to me that in spite of the forward steady flow of the treatment it was precariously balanced. Furthermore it was dependent on the triple dissociation in her total environment, and so long as the environment functioned well it could be taken for granted; but it could break down easily at any one point. The three dissociated components of this total environment were: (a) her husband and the son; (b) the analytic setting, i.e. the patient and me; (c) the school setting.

How utterly dependent the patient was on the continuation of this benign dissociation for the maintenance of the progress of treatment was very soon to become clear. In fact in retrospect it was apparent how much her whole undertaking of the treatment was on a 'delusional' basis of hope. It was when the 'delusional' hopefulness had to yield to a reliably integrated available setting that the real strain and stress of treatment emerged.

The first disturbance came from what in the course of time was to be a patent source of trouble—the husband. Her husband's mother died. He reacted at first with panic and then with typical indifference. A month later he suddenly called one day on his wife and they spent what by her account sounded a fairly pleasant time together. Soon after, she developed a cold and was ill for two days. When she returned I noticed a marked change in her. She began to withdraw from her colleagues and became very contemptuous towards them in herself, though she never betrayed it to them. A

more general withdrawal from her environment ensued. My attempts to relate this withdrawal to her own memories and conflicts and guilt about her mother's death made little difference to her growing mood. In her analytic material she became much more concentrated on her dreams and day-dreams. The feel of this change was very noticeable to me, particularly as she became a little evasive in her relationship with me. Her reaction to interpretations altered too. She now felt uneasy and hedged away from transference interpretations, though she was all too eager to listen to any interpretations that led to an elucidation of the content of her current dream or phantasy. This phobic reaction within the analytic setting in relation to me was the first portent of things to come. She had been in treatment for nearly nine months, and in retrospect I can see this as the significant point of change. Attempts to relate it to her feelings of uncertainty and insecurity about her husband also yielded little result.

As the clinical material assumed a frenzied intensity of its own, she developed a very greedy addiction to what she called 'her analysis'. To my interpretations about how she was trying to swallow me up and fuse me with herself she reacted with panic and/or ridicule. She also began to show a certain elation which had quite an uncanny flair about it. All the experiences we had worked through so far she now reassessed in a different way. She had, she felt, exaggerated their value and importance to her. She felt herself superior to them all, and also as if they had not happened to her. She now set to creating quite a new and ahistorical reality of her own, in which 'her analysis' was to be the kingpin. What was most disturbing to watch was the gathering snowball of elation and euphoria in her. All attempts on my part to interpret this state were violently resisted. She had come for analysis, and my job was to help her to understand the content of her free associations.

It was also significant that for the first time since starting treatment she was not distressed with memories of her son and of his loss. Now a very exaggerated and intensive exploitation of her ego-functions started too; this was very much in the pattern of her adolescence. The new expansion, if it led away from object-relationships, led her into a very intensive pre-occupation with her auto-erotic activities. She was her own best lover, and felt she always had been. The devaluation of men was striking and very revealing in terms of the transference.

The manic intensity of her state was relentless. She developed an acute state of insomnia, but could not care less about it. The thrill of doing things for herself, and by herself, she felt, was enough recompense. In the transference relationship she idealized me and endowed me with equal omnipotence. She had unlimited hopes of her treatment. On the other hand, because of this idealization her relation to me had completely thinned out. She had taken over her treatment and I was merely a watcher of a mighty theme. All attempts at transference interpretation were now disregarded as mere jargon and habit on my part. She dreamed profusely and I got the impression that she never slept but merely changed her mode of wakefulness. There was little difference between the content of her dreams and fantasies, or for that matter in their formal qualities. She lived by her analysis: and *analysis* for her was just another function and aspect of her enlarged and expanded ego.

The frightened, shy, harassed person of the past fifteen years now yielded to an omnipotent and over-confident being. In her revision of her past only she had helped herself: at best others had been neutrally useless. She read a lot and wandered around all over the town. She could not believe how all these years she could have lived as an abject heap of misery and inertness. Reading Marion Milner's book *On Not Being Able to Paint* had straightaway started her on painting. The first picture that she brought me was very revealing as to the current state of affairs. It was of my consultation room, in bright colours. There was a chair and a couch; no patient, no analyst. I felt it to be an encouraging sign that at least there was a chair and a couch. Some things still retained their reality.

This manic state was very easy to register in her, though it is hard to describe. The whole situation was affected by it. In transference the displacement of cathexes now took place to her mental experiences, and both she and I were there only to sponsor the fullest possible expressions of this mental activity. It would be inaccurate to define the energetic charge of this state as consisting purely of id-cathexes, i.e. instinctual energy. It had an unmistakable synthetic and manufactured feeling about it, as if both aggressive and libidinal drives as well as guilt and anxiety had been transmuted into this tension, and her one aim was to keep it at a high pitch and not let it relax.

From an outside view one could see the

pathology of this state all too clearly. She was in fact trapped in a vacuum of terror and loneliness. How to make it realizable to her was the clinical problem. She had become completely inaccessible to transference interpretations. To rest and sleep she had to drug herself. I was afraid she would literally explode with it. The main features of this manic state in brief were:

(i) The manic mental state achieved the value of an object for Mrs X. Her whole relation was to it. This organized state was equidistant from her own body, her social environment, even from her inner psychic experiences, and her relation to me. It was a sort of satellite state.

(ii) Though it depleted her relation to me it had not destroyed the therapeutic alliance. Quite the contrary; it further exaggerated her wild hopes from her analysis.

(iii) It had a unity of its own. Through it the patient transcended her conflicts and anxieties.

(iv) It shut out her ego on the one hand and ruthlessly exploited it on the other. The result was a flood of pseudo-sublimatory activities, that were short-lived.

(v) It was an orgiastic and not an orgasmic state. No real satisfaction or relief was possible in it.

(vi) It obviated her dependence on her environment and on me. It was the opposite of regression in analysis.

(vii) What Winnicott has said about the manic defence (21) is very applicable here: 'In the individual's management of this depressed mood that is associated specifically with depressive position anxieties, there is the notorious holiday from depression; the manic defence. In the manic defence everything serious is negated. Death becomes exaggerated liveliness, silence becomes noise, there is neither grief nor concern, neither constructive work nor restful pleasure. This is a reaction formation relative to depression. Its presence clinically does imply that the depressive position has been reached, and that the depression is being held in abeyance and negated rather than lost.'

(viii) One positive aspect of this manic state was that it enabled the patient to re-experience her mental functions and ego-capacities again. The negation of reality, inner and outer, in the manic state had this advantage over the putrefying negation of her apathetic moods, that it allowed for an exercise of her ego functions. I restrained myself from exploiting the content-availability of the material for interpretative purposes because I felt that would lead to a

collusion with her dissociated state. My emphasis throughout was on the defensive nature and function of the manic state.

Eventually, and as it were inevitably, the patient drove herself into a dead end. We had reached the first long break in her treatment. Sponsored by her husband, she decided to go abroad and enjoy herself extravagantly. I had grave misgivings but did not interfere with her plans. Three days prior to the last session before the holidays she went into a shop to buy maps and found she had impulsively stolen two books. She came to the session soon after the event, very scared, just as she had been the first day I had seen her. She was also giggly and talked a good deal. She told me eventually what she had done and went silent. After a while I responded: 'Should you wish me to return them I'll do so.' She got up and meekly handed me the books.

I decided not to make an issue of it then. It was an important point, I felt, and had to be handled with tact. The next day she reported that she had had a dream the previous night which she had forgotten; but her first waking thought after the dream was: 'If I had been caught stealing I would have had to commit suicide. I couldn't have survived that humiliation.' She was very grateful that I had not bullied and humiliated her with interpretations, but had helped her to resolve the fix she had got into. My only comment was that she had needed to compel me to act. She had to experience my being a real and separate person, and the only way she could achieve this in her present mood was by making me act in a real situation. Now she told me what had happened when she had broken down a year before she came to treatment. The son had been very difficult all the morning and she had been very cruel and horrid to him. Then the father had taken the son out for a walk so that she could get house-packing done. She picked up a milk bottle, which dropped from her hands and was shattered to pieces. She stood there aghast and helpless, looking at it, without being able to do anything about it. Then suddenly she had felt: 'My time has come. I have fought on too long. I am going to surrender.' She had then wandered to a lake nearby. She did not jump in because she could find neither motivation nor energy for it. The affective recollection of this experience had shaken the patient so much that she found herself unable to face going into the street at the end of the session. I let her stay in the waiting-room and she left a little later.

Next day Mrs X was a very sober and chastened person. She was very doubtful about going on her planned holidays. I did not discourage her from taking the holiday, though I felt very unsure of her condition, and she left for her holiday the next day.

Second Phase

The second phase, starting from her return from the holiday, lasted roughly eighteen months. In it a gradual and controlled regression to what the patient described as 'a state of being nothing' and the emergence from it took place.

Mrs X had enjoyed her holiday in a quiet way. The depressively toned relaxation from the manic state which had started immediately after the stealing episode had continued. There had been no extravagance of mood or behaviour abroad, and yet the experience had been enriching for her in many small and significant ways. Soon after her return she went down with a severe cold and a touch of asthma. This breakdown into physical ill-health provided a significant emotional experience for her. It cut across the dissociation between her body and her mind. Until now her body had either been a graveyard to bury herself in or a source of sensations to be exploited erotically in defence against depressive affects and conflicts. She was ill for a week. She rang me daily to say 'Hello' and I responded with equal sincerity. I let her be physically ill and physically nursed and tended, without intruding any explanations. When she returned she felt she had come through a very critical time of crisis, though she could not articulate it psychically. She said: 'You certainly needed a rest from me, Mr Khan. So did I myself. The last year nearly killed me. I think many people die of these excited states and get written off as hysterics. They just wear themselves out.' She felt she could now really 'sink into' her treatment.

The change in her affective state of tension since the stealing episode had so impressed her that it was easy to get to it now in the transference situation. Working on this led to all the complex material of stealing and its specific form in her: steal-eating. She could never eat a proper meal. She was always nibbling and hence her obesity. The turning of the oral-sadistic impulse against herself in the rages of childhood and its relation to pulling out and eating her hair, her acute deprivations in childhood and her promiscuity in adolescence as a

form of stealing and its relation to her intimate bond with the father, were all worked through now in detail. Gradually she began to discover a new aspect of her childhood experiences. Father had in fact been useless; so had her nurse. They had been kind and ineffectual. Only her mother could handle crises in the family. Father was also a cowardly person who tended to deal with every situation by withdrawal, as when he had made a governess pregnant and was abjectly helpless about it.

Before examining the multiple identifications with her mother, nurse, and father, I should like to return to the stealing episode because it was an exhaustive working through of this material that led to the stabilization of her affective state into a quiet depressiveness.

The stealing had a threefold layering: (i) it was an act of maximal appeal for help; (ii) and of maximal effrontery and defiance; (iii) as well as of staking a claim to her rights.

She had defied and challenged with her impulsiveness at the same time as revealing its existence to herself and me and suffering her abject helplessness in relation to it. The appeal was for 'control', the defiance expressed the aggression in her typically destructive way, and the claim was for her son. The books represented the son to her.

I was enabled to carry out this stage of the treatment largely because of Dr Winnicott's insights about the meaning of this kind of stealing. His comments were so true of this patient's unconscious processes that I cannot do better than to quote here (24).

'It would appear that the time of the original deprivation is during the period when in the infant or small child the ego is in process of achieving fusion of the libidinal and aggressive (or motility) id roots. In the hopeful moment the child:

Perceives a new setting that has some elements of reliability.

Experiences a drive that could be called object seeking.

Recognizes the fact that ruthlessness is about to become a feature, and so

Stirs up the immediate environment in an effort to make it alert to danger, and organized to tolerate nuisance.

If the situation holds, the environment must be tested and retested in its capacity to stand the aggression, to prevent or repair the destruction, to tolerate the nuisance, to recognize the positive element in the anti-social tendency, to provide and preserve the object that is to be sought and found.'

From my material of this phase the only addition I should like to make to the above statement is that stealing can also have the defensive function of flight from regression (intra-psychic). It was the tension between this defensive flight element and the positive hopefulness that gave the real clue to the patient's plight in the manic state preceding the stealing episode.

From this point in her analysis, the past year's work could now be reassessed. The patient felt she had lived 'in a waking nightmare of over-excitedness. I wasn't in my body nor in my psyche, where was I?' The surrender had not been to the transference-relationship. In the analytic setting an over-cathexis of the repressed material had taken place and the regression was to pregenital phantasying. To her the only way out was to *contact* me through action. Just as in the manic state of this patient my job had been to retain boundaries around her and not become an accomplice by turning this excitedness into intellectual interpretative work, which would have been functional at a merely mental level, at the point of her act of stealing I had to meet it with a firm, human, sane response.

Following this work the acute distortions and inhibitions of her ego-capacities came into focus. She had made very little use of her education; for instance, she had read nothing during the last decade. She could see its prototype in her childhood, which had been so apathetic and negative. All she had ever done was live in an over-excited dream-state but without mobility of body or personality. In fact since childhood she had militantly destroyed her ego-effectiveness and her mental capacities. They had felt hostile to her real needs, though she never knew what her real needs were. The primitive introjections of a sadistic mother-image had played a very crucial role in her character-formation; and all later relationships to her son and husband had got enmeshed in this pattern.

In this stage of work a vast amount of memories of her nurse turned up. Reconstruction and recall were now complementary processes in her treatment. Nurse had been very kind and indulgent and in a curious way tried to compensate the child for her losses with her mother. But nurse herself was a fat and listless person. She had a huge lap, and the patient as a child had lived either nestled in this lap or in the shawl behind the nurse's back in which she used to carry the child. This mode of existence, which had been so extolled and idealized in the first year of her treatment, the patient now ex-

perienced as having been very destructive in its passivity towards all that was vital and aggressively emergent in the growing personality of the child. It was a 'petrified state of bliss', as she put it, and she could now see how in her care-taking of herself and her son she had repeated this pattern.

The real source of tragedy in her relation to her son had been that by being over-indulgent and over-severe she acted out in rapid oscillations these identifications with her nurse and her mother. She could never spontaneously meet his aliveness. She would start to play with him, then suddenly collapse in a tired state and withdraw. As her son used to tell anyone who asked where his mother was, 'resting under a blanket'. There was an abundance of extremely complex and interesting material relating to nurse's shawl, her blanket, and the rug in the analytic room. This shawl-blanket had become an annihilator of all initiative and activity on the one hand and a magically protective situation on the other.

This led gradually to a more objective recall and reassessment of her relationship to her husband. This proved to be a repetition of her relationship to her mother, but in reverse. The extreme identification with her mother shocked the patient. It was a hostile identification or, to express it in Anna Freud's more accurate term, it was an identification with the aggressor. She had been terrified of her husband and his violent alcoholic states and then had turned into a vicious nagging person. That she had internalized her mother as a bad and persecuting figure was clear; and no assimilation of this figure was possible. The best she could do with this internal object tension was to turn it against someone else in her environment. This had paid its premium in the critical times of war and escape from her country, because in this state she was a very awake, alert, shrewd, phallic, and determined person. But there was no rest possible from it by personal volition. She could neutralize this identificatory process only by invoking the magical technique of collapse under the blanket. This playing of internal objects against each other to achieve a personality balance is what had so impoverished her existence.

Her identifications with her father were more positive and belonged to a later stage. She had his brain, she felt, and his sensitiveness. All the positive achievements in her life derived from these, but she had to hide them even from herself. It was a 'stolen' capacity, and could operate

only in a setting of the utmost sympathy and encouragement. It had to be allowed to *exist* by external objects. She could not protect it in herself from the persecuting mother-*imago* or the deadening nurse-identification, and so it was restricted to episodes of impulsiveness and acting out.

I have briefly sketched the work as it shaped itself in the first six months of the second phase. Corresponding to this work on her ego-functions the affective process also began to stabilize. There were no longer manic bouts. Instead a despairing sadness set in. The keynote to her emotional state was now intense grief, and of course mixed with it were rages with her husband and me. She had been a very deprived child and she had an acutely deprived current reality. There was at times a hysterical note in this intensity, but at root it was genuine. Subjectively, she experienced it as a sense of unyielding inconsolability. She also began to realize how 'deluded' (her own word) she had been in her ambitions about her analysis. The plan of two years of treatment and a happy return home to a loving husband and her son, she felt, were sheer deceptions. Her last meeting with her husband (which had set off the manic attack) had revealed these deceptions to her. There was no stability in him and, like her original home setting, her marital setting had also collapsed. Now the origin of her panic could be seen. It was the intuitive grasp of how precarious in its equilibrium was her husband's mental state. She had felt utterly devastated because she so desperately needed him to be stable to look after her son until she could recover enough to take over.

All this sounds rather facile when described in this fashion. Mrs X suffered great anguish during the rediscovery of the true perspective on her past. Once the dissociations in her ego began to lessen, there was no longer the almost automatic use of excessive introjective and projective mechanism. The denial and negation gave way to perception of the realities of her past and all she had done to herself and against herself and her loved objects. She then experienced a harrowing affective quality of pain and guilt. Alongside this, however, some psychic integration also started. In her own words: 'I have lived all my life like a mental defective, Mr Khan. Now I am beginning to feel I have some sort of mental apparatus!'

She was determined to cash in on this patch of well-being and good health. She had now been in treatment for nearly 18 months, and wanted

to find out how she could *be* a person who could do her job well and not exploit this vicarious state of depressive parasitic self-caretaking. She decided to work for a degree; and naturally she set to it with her phallic resoluteness. I had my doubts because the affective process was visibly leading elsewhere. But I let her get along with her plans. The past six months of her treatment had been very traumatic and humiliating for her, as the realization of her life-pattern had had that value for her.

She found it hard going to work from personal choice and initiative, but with a ramshackle doggedness she stuck to it. Fortunately the degree she was working for was a familiar field to me, and I offered guidance on reading whenever she needed help. She sat for her examination and passed it, which made her very jubilant. All along I had known and pointed out to her that if she had set her heart on achieving success in the examination in order to establish something for herself, it was also to prove something to her husband and to offer something good and reliable in herself to her son.

The patient wrote to her husband, who reacted with silence, and she immediately knew he had become hostile to her. He could not stand her growing into health. It was a basic pattern of their relationship that only one of them could be awake and alive at a time. She waited for two weeks, hoping and hoping, and then utterly collapsed into sheer hopelessness. It was no longer apathy or depression; it was just being nothing. She utterly let go of her attempts at self-maintenance. This marked the climax of the second phase, and what in this report I am calling regression. It lasted for nearly three months. Though the working towards this regressive experience had been gradual and controlled, its ultimate emergence was sudden and absolute.

It happened two weeks after her examination result. She arrived for a Monday session with that bleak crushed terrified look on her face which had made such a vivid impression on me in the first interview. She lay down and quietly said: 'Yesterday I was by that old lake again.' I knew she meant she had been very suicidal. Then she started to cry, quietly, gently, and with the whole of her body. I could feel its reality and pain *in myself*. There was nothing of her strength left, she felt; and this also I could feel. It is hard to define this in words, as in my counter-transference experience I registered it

with the whole of my mental and body sensibility. In this phase I had to learn more and more to rely on and use my *body* as a vehicle of perception in the analytic setting. By my body I mean the body-ego. The experience in counter-transference was a mental plus a sensation-body-perception experience.

She cried through the whole session and at the end she was so physically weak that she felt she could not leave. As she sat up she was blanched and exhausted. Quietly she said: 'I have lost my son for good, Mr Khan, and it hurts me physically. I have had it. I did my best.'

I paused, and then told her that I knew how much pain and frustration she was experiencing, but that it was exactly for this that she had sought treatment. Now she was really ill and helpless. I bluntly asked her how much she could manage for herself. 'Ten per cent' was her answer. I told her that I would try to help her find the rest of the ninety per cent, but she would have to be very patient with me. The patient at this point, in my judgement, had regressed to a true anaclitic dependence in the analytic setting and in her transference relation to me. I knew it and she knew it. And both of us knew that her mental clutching to her son had to break down if she was to come through and discover her own reality. Where excessive projective-identifications operate they not only create the primitive dissociations in ego-structure but they also set up a vicious circle, for by means of splitting mechanisms they keep up a rigid defence against ego-integration and psychic emotional growth.

Before giving an account of the work in the regressive period I should like to interpolate a discussion. First it may sound absurd to claim that the patient arrived at a maximum degree of regression at a time when I was talking in quite sophisticated terms to her. I think this contradiction is a practical clinical reality. Only when the regression is to primary process is communication impossible. When it is to more primitive levels of ego-development and ego-needs it is possible to maintain the therapeutic alliance at varying levels of sophistication. Second, it might be argued that I had deliberately held up this patient's regressive process over nearly two years. I think that would be a fair criticism of my work with her. To some extent it was deliberate on my part. It is my belief that a regression in a patient is both impracticable and impossible clinically if his personality is too heavily riddled with primitive and chaotic

mechanisms of defence, such as splitting, massive introjections and projections, excessive denial and negation. There has to be a minimal ego-strength and ego-process available for regression to be a creative and fruitful experience in the analytic situation. Here I would cite in support the clinical researches and work done by Winnicott, Hoffer, Kris (12), and Milner. To me it was significant that before the regression this patient had made a sort of start, symbolized or symptomized by her working for and getting her degree. Perhaps if the regression had been too sudden, the patient apart, I might have reacted with anxiety and defensive interpretative zeal. Over this long period of two years I had got to know her and she had built up a *real* experience of me. I do not think these are accidental or irrelevant factors. The regression proper, which lasted nearly three months, I shall schematically present under four aspects:

- (i) Total sense of loss in the patient.
- (ii) Dependence on the analyst.
- (iii) Reactions to impingements.
- (iv) Experience of pain.

(i) *Total Sense of Loss in the Patient*

The outstanding feature of the regression was a total and abysmal sense of loss and letting herself experience this loss in all its aspects:

- (a) genetically, as deprivation in relation to her mother;
- (b) as what she had failed to provide for herself through her personality and consequently for her son;
- (c) the utter futility of her marriage and her contribution to it.

In the working through of this phase she experienced sheer nothingness, without hope or daydreams, and very little defence. She could only cry, incessantly and for long hours. There was very little hysteria in this crying. She could do little work, and fortunately her school, where she was a residential teacher, provided a setting that allowed for her near-total incapacity for work. One aspect of this loss was things not given: love not given. Disappointments and rage at frustrations had been met earlier in this phase. This was living through the disillusionment against which all rages had a defensive hiding value. The disillusionment was experienced, both psychically and physically. In concrete current reality it had meant accepting loss of her son and her responsibility towards it.

Sleep was a terror of emotional reality. She lived in her body and felt everything in it and through it. She now lost all her obesity.

(ii) *Dependence on the Analyst*

Dependence on me was near-absolute. I helped her with most of her reality-affairs whenever she asked for help. For example, her husband had suddenly started writing a spate of 'interpretative' letters to her, and these disturbed her very much. We agreed that she should hand them to me and if there was anything that needed her practical attention I would tell her. In this way I protected her from all the impingements and intrusions from her environment that only alerted her into a false and angry wakefulness of attention.

I have said that the dependence on me was near-absolute, because her school setting helped with the rest. Without this setting the analysis would have been lost. The school was one for retarded children: her work was of a very routine nature, and her colleagues and the whole milieu were familiar intuitively with the problems of caring for disturbed people. They all did it for each other. She made a very good relationship with one of her female colleagues, who literally tended her through her more acute patches of depressive nullity. A great problem at this stage was her inability to feed herself, and this friend cooked for her and almost fed her.

My role in the analytic situation was basically and dynamically this: to be *there*, alive, alert, embodied, and vital, but not to impinge with any personal need to translate her affective experiences into their mental correlates. I tried many experiments with modes of being still with her. If I was not all there in my *body-attention* she would register it straight away. I could never quite find out how she registered it, but I could always sense it had happened by the change in the affective rhythm or a new slant of material emerging next day.

There were oscillations in the intensity of regression. Some sessions she would only lie still, and just need me to be there. In others she would feel 'quite normal', and then it would be possible to do interpretative work on what was happening in her. The importance of this 'verbalization' of what she experienced in her silent and regressed moods was of crucial value because only through this process of verbalization was a link gradually established between what was happening now and its genetic antecedents in her infancy and past.

(iii) *Reactions to Impingements*

The impingements derived from four sources:

- (a) Social: when someone in her environment did, or demanded, or said something which compelled her to pull herself together and meet the situation. Her inner reaction to this would be a flight into over-alert phallic potency, ending in exhaustion.
- (b) Family: when her husband would intrude on her by making her aware of some need of her son which she could not cope with. Her reaction was always rage and an acute sense of humiliation, ending in hopelessness and futility.
- (c) Intra-psychic: when a dream, or a memory, or sexual needs would be too potent in active consciousness. She would then react frantically and manically, leading to excessive discharge reactions, ending in self-hate and disgust.
- (d) Analytic: when I would fail her, either by being tired and not being able to provide the right sort of body-rapport of attention in my attentiveness or some mistimed interpretation which was merely clever and only theoretically correct. She never experienced by unknowing or incapacity to grasp the meaning of a mood or a process as a failure. It is very hard when one has to articulate oneself through this alert and alive stillness not to feel discouraged and try one's hand at cutting the Gordian knot with interpretations. Reaction to my failure was invariably dispersal of the affective process. In her material she would drift away and start somewhere else ending in a mood of apathy.

It was the analysis of her reaction to these impingements that led to some of the most detailed understanding and working through of her character traits—those of obstinacy, defiance, denial, projective identifications, asocial impulsiveness, her apathetic moods and phallic manic modes of dealing with instinct-tension on the one hand, and achieving object-relation on the other hand. In their own way impingements made a valuable contribution towards an understanding of her character-formation, even though they were painfully disruptive to her in her regressive mood. Perhaps it is valid to postulate that what one meets as resistances in relation to transference-neurosis, in the regression experience is seen as reactions to impingements.

(iv) *Experience of Pain*

This is the most difficult clinical aspect of regression to formulate. She always talked of acute pain in herself. It was at times merely a physical pain, at others related to psychic content. Only gradually did I learn to sense its reality in and for the patient. It was frightening even for me to realize how much pain she experienced, and I often asked myself what made her bear it! We read of this pain in literature often enough. Rickman used to emphasize the importance of the experience of agony in patients. I think what he called agony and I pain are very similar. In analytic literature the nearest I have come to it is under the heading masochism. Freud (6) in his paper 'The Economic Problem of Masochism' distinguishes between three types of masochism, erotogenic, feminine, and moral. Of feminine masochism he says: 'The feminine type of masochism is based entirely on the primary erotogenic type, on the "lust for pain", which cannot be explained without going very far back.' If my reading of the paper is correct he relates it to death instinct and the whole problem of 'defusion of instincts'.

At times the clinical picture of Mrs X in this aspect looked very much like what Freud apparently had in mind. The defusion of instincts is an undeniable feature of the clinical picture. What precipitated the defusion in the first instance is not so easy to determine. Was it the relative strength of the instincts, or was it more on the lines suggested by Winnicott, namely that there were excessive failures in environmental care at the stage when the nascent ego was beginning to integrate? According to the latter view there would result at this time a process of psychic discrimination between mother as 'need-object' (Anna Freud's phrase) and as emotional and psychic object which in turn would lead to a disturbance in the fusion of instincts on the one hand and to dissociations in the ego at the root, as it were, on the other. Balint has a similar viewpoint in what he recently described as 'the basic fault' in ego-development (3a).

When this patient was in this pain in the session she would be totally inert and still, and I could meet it, respond to it, by what I can verbalize only as embodied sympathy, through my body-attention. In such states I felt this patient needed and borrowed my flesh and bone to hang on to. Being 'a supplementary ego', to use Heimann's phrase (9, 10), meant providing a body-ego for her. There was no actual physical contact between the patient and me at any point

of her treatment. It was *a way of being* she asked for; at least that is how she described it in retrospect. If my body-attention sagged she would *wake up* into an artificial mental state or depress herself into apathy.

The recovery from the regressive process materialized as follows in so far as it can be pinned on one event. It is interesting to note how this patient tended to launch and terminate phases of complex experiences by very definite and memorable episodes. Perhaps here is a clue to how screen-memories crystallize. She caught a cold and we both knew she was at the lowest point in her mood of nothingness. She came on Friday and was silent in an ominously severe way. She was to come again the next day, but she rang to say she was unable to come because she did not feel well enough. I offered to call on her, but she politely refused.

On Monday she reported the following experience: she had taken sleeping pills on Saturday. Then she went to have a bath, and as she lay in it she could feel herself cutting her wrists and gently letting herself bleed to death. She could see a blade on the shelf. She got utterly lost in this phantasy and 'woke up' from it with a clear thought: 'Poor Mr Khan. This is my return for his work!' And she got out of the bath and she added: 'Here I am!' After this the recovery from regression was steady. She gradually got back to a growing possession of her ego-activities and ego-capacities. Within the next four months she took another examination that was necessary for her if she was to make the grade in her profession, and passed it.

In his paper on 'Clinical Varieties of Transference' (23), discussing the problem of regression in the analytic setting, Winnicott makes the statement: 'Good enough adaptation by the analyst produces a result which is exactly that which is sought, namely, a shift in the patient of the main site of operation from a false to a true self.'

This is certainly how Mrs X experienced her growing sense of personal identity in the months following the regression. She felt real and had a sense of continuity, in herself and in relation to her past. This is so rich an area of this treatment that I cannot even start to define it here. It was following this phase that Mrs X became able to face and work through her acute sense of guilt in relation to her mother (at having left her behind to perish), and she began to sense that alongside all the failures of her mother there were some very positive aspects too. It was an

emergence of the capacity for guilt, gratitude, and concern in relation to her mother that released once again in her the wish to try to build a new relationship with her son.

In the months following her regression every aspect and each detail of her experience in regression in terms of the analytic setting and me were worked through; also all her memories from childhood and experiences of her marriage achieved a new meaning and significance for her. She now felt related to her past. It had really happened to her, and she could begin to sort out what had been her legitimate contribution to its complexities and pathologies. Now she could also begin to discover for herself, from within her introspective examination, how much of it had been imposed upon her by others and to which her only defence so far had been a passive compliance and withdrawal into apathy and inertness. It was possible to show the role all these factors had played in blurring for her the distinctions and discriminations between self and non-self, phantasy and reality, frustration and trauma, rage and depression. The transference now achieved an affective coherence in which the here and now and the historical could be seen both in their interplay and separateness; also an emergent object-relation to the analyst began to shape and sustain itself over an appreciable length of time. Mrs X had always felt both time and space to have been strange and incomprehensible factors of experience. Now they were real elements of her relationship to herself and others. Also negative transference now became a valuable and therapeutically workable experience rather than a merely confusional one. I am trying to stress the consistency of the transference relation in this phase rather than its absolute newness.

Similarly her inner integration and ego-maturation took a quite rapid stride forward. She had a sense of her body and took pleasure in it. She dressed well and enjoyed her pleasures, such as reading, going to the theatre, going for quiet walks, etc. She could work for her examination with a steady effort.

I should like to stress strongly, however, the tentative, highly vulnerable and 'experimental' nature of these developments and their 'analytic' dependence on her transference to me. Here again the comparison with early stages of ego development, as described by Winnicott (22), is very striking.

After passing her second examination Mrs X started looking for a new job and a flat to live in

where her son, as had been agreed between her husband and herself a few months earlier, could come and stay for his holidays. I did not think she was ready for all that as yet, but refrained from commenting. The quiet concentration with which she started to find a flat and her capacity to cope with endless frustrations, delays, bickerings over details, was no less surprising for me than for herself. She was not in a manic state either. I had made it quite clear to her that her treatment was not yet complete, and she should find a job and a place to live in from where she could come for treatment regularly. Then suddenly, out of the blue and after a long silence, the husband wrote to her saying that if she wanted her son she could have him for good and all and he would have nothing more to do with him. This was an act of deliberate and cruel malice. The patient and I both knew it as such. The husband knew perfectly well how unready the patient was for such a total responsibility, and that if he blackmailed her with it she would panic and give up. However, she did not panic. Instead she went into a most resolute and paranoid state, and this I shall now describe as the third and last phase of her treatment.

Third Phase

This, the last stage of the treatment, lasted for roughly six months. At the start of the treatment it had been agreed between Mrs X and her husband that 'after a successful cure she was to join her family'. Things had not worked quite so hopefully. The husband's mental equilibrium had started to collapse, and his attempts to retain a hold over himself had complicated his private life so much that it was no longer possible for Mrs X to envisage returning to her family. Almost a year earlier than the time under consideration they had arrived at the understanding that the son was to stay and study with the husband and join his mother during holidays. It was the sabotage of this plan and promise that launched the last phase of treatment.

As I have already indicated, Mrs X's mood was flagrantly and solidly paranoid. She felt it had all been a hoax and her husband, myself, and the referring psychiatrist had all three conspired against her. We all knew from the start that she was never to get her son. We were hypocrites who had merely pulled her together because she had become our liability. What astonished me about this hate-mood was its complete lack of hysterics, its delusional abso-

luteness, and its cold vigour. She was bitter, defiant, and she hated everyone, me in particular. I was out of my depth in no small measure. In my naïveté I had neither expected this nor had I any clinical tools immediately ready to hand. Nothing worked—interpretation or patient kindness. She was no longer an invalid, she said. The only persisting link with the work before was the continued intactness of the therapeutic alliance. She came regularly and said little.

On thing I felt fairly certain about was that this was a battle, and I must maintain a consistent pattern of attitude and ego-strength towards the patient, and not try to humour her by random interpretations or withdraw behind a mask of neutral listening. There were many sessions of this grim silent battle, and I began to feel she was compelling me to hate her. Once I got hold of this perception in myself I found my way. She was going to compel us all to annihilate her. That was, I felt, the clue. Her school setting now had little sympathy for her. She was no longer an invalid. She felt normal and hateful. Her hatefulness oozed out of her controlled and cold polite manner.

I interpreted on these lines. I should like to single out one important detail of the transference situation from this phase. I have said that in her regressed phase if my 'body-attention' sagged she would get confused and feel lost. In this phase if my ego-attention sagged she was utterly confused. I had to be all there: firm, militant and bold: stick to my guns, right or wrong. She would repudiate every interpretation of mine in a most acid, quiet manner and make me feel utterly useless. She was raging mad inside her and very envious of everyone's lot in life.

I had a quite conscious fear that she would kill herself to achieve rest. She was indeed living in hell; as in the manic phase, this state of being wide-awake and persecuted never let up. There was no respite from it. As in the manic phase, interpretations had become utterly ineffective. My only weapon was firmness in my attitude to her. I felt that was what she was needing and demanding. Balint recently made the following statement: 'The other meaning of *object* seems to be *obstacle in the way of the action*, in fact a resistant obstacle that has to be negotiated. Perhaps our very first perceptions about objects may be those of resistance, i.e. something firm against which we may pit our strength, either successfully or unsuccessfully. This conception

is certainly in harmony with the cluster of associations surrounding the word "object"' (3).

As this phase developed we were to see that, contemporaneously with its pathological elements, one important aspect of this paranoid mood had been related to the integrative processes of ego-maturation that were now shaping up in Mrs X, and she needed this 'resistance' in the object if a certain amount of structuralization and neutralization of the id-cathexes in the ego was to take place. This had a direct bearing on her lifelong evasion of personal discipline and socialization.

To return to the central theme of the paranoid mood. One day Mrs X asked me why I had not stopped her treatment a month ago when the opportunity had arisen, and let her go. And she added acidly: 'Everyone would have been saved this embarrassment and you would have had a cure to your credit.' I took this opportunity to comment at length to her. I had been hesitant to stop her treatment because one bit of material that had turned up very early in the analysis had made a vivid, almost eidetic impression on me and had never been touched upon again in any significant manner. She had told me how one day when she had gone out for a walk with her son he had suddenly run across the road. She had rushed forward, caught him, and slapped him hard on the face. He had looked at her in utter terror and helplessness, and she had felt that a savage expression must have been on her face. Then she had added that naturally she had slapped him in his own best interest. Now I attempted an interpretation as follows: Her real fear was that were she to get her child she would kill him. All her depressive apathy in relation to him had been a defence against this unconscious murderous impulse, this being the real reason why she could not have him with her during her husband's hospitalization. She could not trust herself. During the last two and a half years she had lived in a phobic distance from her son and, given this condition, she could feel all her love for him. Also the 'illusion' that she was to return to him and we were all sponsoring it had negated her inner knowledge of the murderous wish. Now that her husband had refused to share the son with her and she could either have him all to herself or not at all, unconsciously she had interpreted her husband as saying: 'You are a murderess and I will not have this collusion with you.' Thus the feeling that we had cheated her of her son had the directly opposite meaning,

that we were saying: 'Yes, it is true you will kill him.'

This interpretation had a most mutative effect on the patient. She now recalled and recounted for the first time what she had known about her feeding experiences with her mother. They had a peculiarity about which her mother was always making a joke. The nurse used to put the infant to the mother's breast and give her a feed from it while the mother would continue to sleep. This is the archetype of her experience of responsiveness from the loved object. Now she also began to talk of her acute bouts of envy and jealousy of her little son's vigour and liveliness. It was possible to say here that his liveliness had filled her with envy and rage and her only response to it was murderous hate. The only way she could save him was by deadening the whole process and going under a blanket. This had its parallels and precedents in her relation to her husband and governess. She provoked them all to 'murder' her. This further led to her terror of her own instinctual aliveness, her own hopelessness about what she had to give, her feelings of her unworthiness and abjectness. To her, her love either felt destructive at the root or it was not something she could bring into an active relation with the loved object. We could now work out in detail how this had disturbed her relation to her own body, and all the consequent dissociations. There was no possibility for her of a live, excited mutuality. The wish to eat and be eaten had taken on the distorted aspect of a wish to murder and be murdered. This is what she was now doing in the transference relationship to me.

It was possible now to work also on the whole complex material of defusion of instincts and the corresponding dissociations in the ego, the imbalance between her ego-strength and ego-weakness, and what bearing it had on her weaning processes and establishment of a personal identity. Here we were also able to see why before her regressive experience in the analytic situation she had only a sense of shame, disgust, or humiliation in her subjective experience of her experiences and not one of guilt. Only latterly had guilt become a genuine and personal experience for her. That some of her guilt had been deeply unconscious is true, but I think it is a valid statement about Mrs X's pre-analytic personality that the capacity for real guilt had never quite matured in her. This is further related to the fact that terror and fright rather than anxiety had been her typical ego-reactions

to danger. Also there was the enormity of dependence at this moment of emergent aggression in relation to the love object. In infancy it is easy, in normal circumstances, for a mother to meet the infant's greedy love and attack. When an adult has to reach back to recover this aspect of development it is a nightmare both for the environment and the personal ego. The need to hate and be hated becomes the adult equivalent of the unresolved infant equation, to eat and be eaten. If a dissociation sets in, the hate (aggressive) components get organized in a continuous challenge to and provocation of the environment; and/or a compulsion towards a very masochistic surrender to it. Annihilation in her ego-experiences had thus taken the form of being humiliated, and in this inner milieu aliveness was a persecutor and could be dealt with either by negation into inertia or through projective identifications.

The ramifications of these processes in terms of the transference were now obvious. In it she could articulate both her relation to her mother and her relation to her son, identifying herself with her mother in the latter. I was the son she had not been and I was the son her son was. Her only hope with me was that I was her son and not helpless. I was not dependent on her for my protection. I could take her savagery, her excited love and hate, and this was what was now happening and being tested and sorted out.

From here the rest of the treatment was easy. It ran a smooth course, and the analysis of her repressed and dissociated oral sadism came into full focus of clinical work.

After another four months the patient terminated the treatment, for external reasons as well as because we had come as far as we could. She left me saying: 'I have found my way of living my own life. If I make a go of it perhaps one day my son will be able to share it with me, but I am not counting on that.'

The treatment had lasted three years, and the patient has now lived an independent life, without treatment, for over three years. The developmental processes have continued, and she has achieved a really satisfactory way of life. After the termination of the treatment she applied for and got a very good job. She moved into a flat of her own and slowly settled down in her new environment. Then she started negotiations with her husband, who had got himself into quite a mess. She did not rush to his rescue either. Eventually she got complete custody of her son and boarded him in a residential school

because there he would have a better chance of normal development. He has spent all his holidays with her and they have made a good relationship. She is very conscious of all the difficulties and very soberly patient. She is enjoying her work, her success at it, and has made good contact with her colleagues. Some months ago she wrote to me: 'I am living the life of a citizen now, that is to say, living in a community. No longer the depressed angry savage who was utterly lonely and could rest only in my collapsed withdrawnness.'

This patient has undoubtedly made a good recovery. When I look back on the whole course of her treatment I am very impressed by her courage, perseverance, and fortitude. Her treatment had made very severe demands on her, and it still surprises me that she found the strength in

herself to meet them. One is tempted to ask what factors in this patient's personality enabled her to stick to the treatment with such tenacity. I find myself very much in sympathy with Kris's statement (12): 'The possibility suggests itself that a considerable tension between regression in the analytic situation and its more or less smooth control may characterize some of those rare individuals, who show what we loosely call a gift for analytic work, or at least a gift for it in an important aspect.'

I should like to end this report with a quotations from Ella Sharpe (16):

'While our task lies primarily with the unconscious mind of the patient, I personally find the enrichment of my ego through the experiences of other people not the least of my satisfactions.'

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AWARENESS AND STRESS: POST-PSYCHO-ANALYTIC UTILIZATION OF INSIGHT

By

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This paper is concerned with the nature of *awareness*, particularly with the character of awareness that prevails during and after a stressful situation. Ordinarily, a new or first awareness of oneself or of the world as it affects oneself is referred to as insight. In a comprehensive paper on the varieties of insight, Zilboorg (4) has re-emphasized that insight is therapeutically effective only when it is an affective process; that permanent and genuine insight occurs as the result of a series of affective reconstructive experiences evolving in the psycho-analytic transference situation. He contrasts this process with intellectual insight which serves as a conceptual prop and does not produce a basic alteration in the psychic structure. He maintains that only affective reconstructive experiences of insight developing in the transference are followed by a meaningful and rational new *orientation* toward the world and toward one's own self.

The present discussion is focussed on the forces that promote or interfere with the maintenance of an *orientation* which has followed meaningful insight processes. A psycho-analytic orientation is associated with varying degrees of awareness of previously repressed aspects of the self. Such an orientation may be contrasted with a pre- or non-psycho-analytic orientation where there is no awareness of what is repressed. It is apparent that complex ego functions are essential to sustain a psycho-analytic orientation: derivatives of unconscious fantasies must be permitted to reach consciousness; the counter-cathexis, which would lead to re-repressions of these derivatives, must be withheld; and the significance of the derivatives must be integrated in a meaningful way. Under favourable circumstances, these ego processes occur without calling any attention to their functioning. Presumably, on these occasions, the derivatives of unconscious fantasies are so familiar and acceptable that they are immediately and autonomously integrated into the self-concept. They arrive

without producing any fanfare, as it were, and little effort is required to accommodate to their presence. There are other times, however, when the derivatives of unconscious fantasies are much more disturbing, and considerable psychic activity is necessary in order to avoid repression and assure reaching awareness and understanding. In these instances, the ego processes are by no means autonomous and silent and can themselves become the object of observation as in the example delineated in this study. This is particularly true where the psycho-analytic orientation is influenced by a stress resulting either from an increase in instinctual activity or from threatening signals from the outside world. Even in the case of a well analysed person, such signs of a stressful situation may mobilize regressive reactions where there is no indication of any psycho-analytic awareness. When such a regressive reaction does occur, it may be of momentary or of more prolonged duration, but in either instance it is sooner or later followed by a restoration of the analytic orientation.

This paper deals in large measure with this process of *restoration* of the analytic orientation. An autobiographical episode is described to illustrate the ego functions associated with just such a re-establishment of the attitudes toward the self and the world which had originally evolved as the result of psycho-analysis and had temporarily disappeared as the result of a stressful situation. Thus, the process described here is not that of a new insightful awareness but rather that of a rediscovery of the self and the world, first integrated affectively and rationally during psycho-analysis. It is apparent that such a rediscovery is not accomplished under the same conditions as the first awareness of similar aspects of the self and the world. The original insightful process is accomplished in stages over a period of time, and awareness of derivatives of unconscious conflicts is worked through and reconstructed more or less leisurely under a wide variety of circumstances. In contrast, the

restoration process described here occurred shortly after a stressful event and was influenced by a need to deal with an acute threat. It was a more or less immediate and emergency process as compared with the long-continuing development of psycho-analytic insight. This raises the particularly thorny question, central to this discussion, as to what extent a restoration of this type is associated with a thorough re-establishment *at the time the process is occurring* of the psycho-analytic orientation with relatively full affective awareness of previously repressed aspects of the self; and to what extent the conceptual aspects of the process serve as a resistance against awareness of the more unconscious significance of the conflict which promoted the regression. From a long-range viewpoint, of course, the regressive reaction to stress may be utilized as part of a continuous working-through of the underlying conflicts which mobilized this reaction.

The use of an autobiographical episode has both advantages and disadvantages. It is clearly advantageous to describe phenomena which have been directly observed by oneself in oneself rather than rely on the observations of similar phenomena in a second person who is involved in a complex relationship with the observer. In this study, in particular, the major concern is with the ego functions employed to promote awareness of conflicts rather than with the structure of these conflicts. Patients involved in such stressful situations rarely reveal the steps they use to resolve their conflicts. The autobiographical approach thus affords an excellent opportunity to perceive the details of the ego functions which are utilized in the re-establishment of awareness.

The disadvantages appear to be twofold: first, I am naturally reluctant to reveal certain aspects of the immediate conflicts which at that time intensified the reaction I had to the relatively minor stress to which I was subjected, and I find myself obliged to describe these conflicts in their broadest terms. There is a second disadvantage in the autobiographical approach in that I direct the reader's attention away from the main problem with which I am trying to deal. In this paper, I am not concerned with what my unresolved conflicts are, or with the extent of my psycho-analytic insight into myself. I am concerned with trying to understand and describe the ego functions used to maintain and re-establish a psycho-analytic orientation towards oneself, especially under stressful circumstances. I

hope, therefore, that the autobiographical revelation will not divert attention away from my major purpose.

THE STRESS EPISODE AND THE RESTORATION OF INSIGHT

Some time ago a man in a position of authority at an institution with which I am connected telephoned, asking me to come in to see him. I had, at the time, had few personal contacts with him. He appeared to me to be quite austere, and had been described to me as critical in his attitude toward those who worked under him. Shortly after his telephone call, I became tense, anticipating that I should be criticized by him when I appeared at his office. I had a series of unpleasant fantasies in which he took me to task for having been too aggressive in a number of minor ways, and I then in my fantasy proved to him the falseness of his criticism. Obviously, there was little evidence at this point of an integrated psycho-analytic orientation toward myself and my outer world. After approximately one half-hour of this fruitless rumination, I rather suddenly grasped the fact that I was reacting inappropriately and so came to re-evaluate my situation.

As far as I can recall, my mental activities in this restoration process were as follows: first, I became aware that I was over-reacting and that there was no real reason to anticipate that I should be criticized for these fantasied misdemeanours; second, I recognized that my behaviour corresponded to a pattern with which I have become quite familiar during and since my own analysis, namely, that I sometimes become swept into such fantasies in which I am falsely accused when, in actuality, I have done something about which I feel guilty; and third, I examined my recent behaviour and, in particular, my mental reactions to events in an attempt to ascertain some of my behaviour about which I did feel guilty. Almost immediately I recalled and simultaneously re-experienced a mental state which had occurred sporadically during the previous several days. I had, in fact, cut somewhat short a teaching session in the very institution where this authority played a prominent role. This lapse had been motivated by pressure in my private practice and, to some extent, could be justified (or at least rationalized). As in many instances of similar choices, prestige-needs, and gratifications in being an important doctor played the major role in this behaviour, outweighing at the time what I considered my obligation as a

teacher. The choice I had made did not involve protracted deliberation and was easily decided upon. What I recalled was not any sense of guilt or struggle at the time I committed the act, but rather my self-derogatory admonitions *post hoc*, in which I exhorted myself to avoid repetitions of this behaviour in the future.

To put it schematically, I had been saying, 'Don't do it again; it's wrong and may lead to bad consequences.' A striking effect occurred with the recall and re-experiencing of this self-critical mental state. I felt an almost instantaneous sense of relief. The authority-figure became a realistic person once again. I was no longer concerned about being unfairly criticized and, to the best of my recollection, went about my business with a minimum of tension.

THE LOSS OF PSYCHO-ANALYTIC ORIENTATION

It seems logical to begin a discussion of the process of restoration with a consideration of the factors that led to the suspension of my psycho-analytic orientation. This hard-won orientation toward the self and the outer world is influenced by the *significance* of inner and outer stresses which are encountered in the course of events. Stresses which have a threatening significance tend to promote a regression toward a pre-psycho-analytic type of orientation. In my case, it was apparent that for some time after I abbreviated the class-session, I was not conscious of the instinctual needs that were expressed by means of, or at least symbolized by, my behaviour, nor was I aware of the guilty reactions mobilized by my behaviour. If the ego functions associated with maintaining my psycho-analytic orientation had been more adequate, I should have rather quickly and probably silently grasped from minimal cues in my mental reactions the fact that I was involved in a familiar type of conflict, comprehended its meaning, and the tension associated with this conflict would have ceased. It is realistic to anticipate that some anxiety and defensive reactions would have developed, even under the most propitious circumstances, but an equilibrium would have been quickly re-established, if the psycho-analytic orientation had remained essentially in force.

It is necessary to account for the regressive reaction which obviously did occur. I think the unconscious meaning of the behaviour associated with cutting the class had been, in large measure, appreciated during my psycho-analysis, and its unconscious significance had been affectively and rationally integrated. If it had not, of

course, the unconscious meaning of my behaviour would have mobilized guilt and the anxiety associated with it would only have been coped with in a defensive manner. Yet such conflicts had been repeatedly revived during my psycho-analysis. On many occasions since my analysis, my psycho-analytic orientation has been maintained in the face of similar stresses. Why then did a regressive reaction occur secondary to this particular stress? The *a priori* possibilities are that either the act itself, innocent as it appears to be, was cathected with aggressive and libidinal energy to an unusual extent, or else my superego was vulnerable as the result of related conflicts which had been occurring during the same period of time.

In either event, the unconscious significance of the act mobilized anxiety to such an extent that the predominant ego functions were directed toward coping with this anxiety. The portion of my ego that was utilized to exhort better behaviour in the future was split off from my observing and psycho-analytically oriented ego. These exhortations were carried out at a pre-conscious level, in the sense that I was potentially able to become conscious of them once I recognized that I was functioning in a regressive fashion. Yet, at the time that they occurred, I was aware neither of the presence, nor—certainly—of the significance of this derivative of an unconscious conflict. This was a regressive reaction relative to my orientation in similar situations of stress where I was more or less cognizant of my conflicts and their unconscious significance. This tenuous regressive adjustment was maintained by my defensive ego mechanisms until the telephone call which had the unconscious significance of a threat from an implacable father. The fantasies that followed indicate still more frantic and regressive reactions. The act itself was denied and the guilt associated with it was projected on to the authority-figure, who was, in my fantasies, about to accuse me unfairly of other acts of which I was innocent. A superego-ego struggle dominated my mental activities until the process of restoration was utilized. It is likely that an understanding of the *aim* of the process of restoration will shed light on the effect produced by it.

THE AIM OF RESTORATION OF INSIGHT

Why was I motivated to shift from this fantasy battle with the authority to a search for the source of my tension? There can be little doubt that I was quite uncomfortable as the result of

the harsh attitude of my superego. My attempts to project the blame on to the authority were unsuccessful in relieving anxiety, probably in part because of the intensity of the unconscious guilt. Yet, in addition, there may have been a sufficient residual reality-testing, despite the impairment of psycho-analytic orientation, so that the less regressed part of my personality could not accept this attempt to place the blame elsewhere. This much projection was not compatible with my post-analytic ego ideal. In any case, the tension was painful and it was inevitable that, in accordance with the pleasure principle, I should seek for another method to diminish the anxiety. My situation was analogous to that of a nightmare where, as the tension mounts, one concomitantly becomes vaguely aware of being asleep and of the possibility of waking up and escaping the tension. It is likely that I became gradually aware that I was involved in a profound regressive reaction and that it was possible to re-evaluate my situation in a manner that was less threatening. Once I became aware that I was over-reacting, the primary method of the ensuing mental activity led to a search for a reappraisal of my relationship with the authority, so that I should react to him as a less frightening figure. The goal of this process, to diminish the oppressive superego-ego conflict, might have been done in a variety of ways other than to have re-evaluated the character of the act that was at the basis of my guilt. It is obvious that the type of re-evaluation I used made me less vulnerable to criticism. For example, I might have attempted to reinforce my self-esteem by seeking out indications that I was strong enough to withstand onslaught, or I might have tried to diminish the threatening aspects of my superego by 'finding proof' that the authority was not as austere as I had felt him to be. In neither instance would the focus of attention be upon the character of my own behaviour. Such mechanisms might have been temporarily effective prior to my analysis.

There have been occasions since my analysis when, under very threatening circumstances, an even more marked regression of my analytic orientation has occurred, and my major efforts at defence against the anxiety produced by severe superego-ego conflict have been directed toward such methods of propping my ego or attenuating the force of my superego. Proving to myself that I am not in danger, especially when this happens to be the reality, may be partially effective in decreasing anxiety. The fact that the

external qualities of an object or of myself are seen more in the way I ordinarily evaluate such situations is more in accord with reality than projection and denial. Yet this orientation, if such it may be called, is a far cry from a psycho-analytic orientation where the derivatives of unconscious drives are observed and accepted as part of the self.

In this particular instance, the unconscious meaning of the authority's telephone call did not produce such a marked regression of my psycho-analytic orientation. I was thrown off balance by my anxiety but not overwhelmed. Concomitant with the recognition that I was over-reacting, this orientation was enough in force to direct my mental processes toward awareness of my own part in the difficulty. While the pleasure principle dictated that a solution be found to diminish anxiety, my analytic orientation rigidly limited the type of acceptable solution. It is perhaps inexact to ascribe to an orientation the motivation for the utilization of techniques which observe facets of the self. More appropriately, the activation stems from an analytic ego ideal, which to some extent is based on identification with the analyst. This analytic ego ideal serves as a permanent part of a post-analytic personality, ready to call to mind the necessity for looking at one's own role in a stressful situation. Quite apart from its paramount defensive and adaptive value, this analytic awareness permits various gratifications, although in a relatively sublimated fashion. The narcissistic pleasure in achieving insight, the re-establishment of controls, and the sense of contact with introjected loving- and protecting-love objects, as well as perhaps punitive and masochistic needs, are all expressed in an integrated way by the re-establishment of an analytic orientation which involves facing reality.

Reality from the viewpoint of a psycho-analytic orientation deals, first and foremost, with the inner needs and tensions that are responsible for reactions to external events. With a restoration of the orientation, I looked at what had been occurring within myself that had led to the regressive reaction. Anything short of this would indicate that the regression was in effect. The problem, however, is to determine the extent of my awareness of the conflict that had instigated the neurotic behaviour. It should be recalled that my primary motive in instituting the restoration process was to relieve the superego-ego struggle. Is it possible under such circumstances to become fully aware of the facets

of the self, particularly the unconscious needs which have activated the conflict? *A priori*, it is quite possible that the urgency of the anxiety and the nature of the conflict would impose limits upon the insight process, bringing about a compromise whereby preconscious derivatives of the forbidden urges that led to the act might be conceptualized at the expense of recognizing the more unconscious aspects of the impulse. On the other hand, concomitant with the development of the restoration process, the ego might progressively gain strength and regain its relatively intact position *vis-à-vis* the superego, thereby permitting a full or relatively full awareness of the unconscious aspects of the conflictual urges.

THE PROCESS OF RESTORATION

A detailed examination of the process of restoration might help clarify this problem. The process was a complex and integrated ego function. Unquestionably, it was first acquired as the result of the various experiences— affective and intellectual—that occurred during my psycho-analysis and has been reinforced by its meaningfulness in many situations that have taken place since then. Its successful integration was contingent upon the utilization of several complicated mental steps in a goal-directed sequence. An important criterion for its application is a re-experiencing with awareness of a previous mental state.

I was able to observe three steps in the process I utilized. First of all, I discerned that I was over-reacting to an external stimulus, the telephone call. This awareness that the reaction was inappropriate appeared to develop suddenly, and I do not know what internal or external one led to this transition. It has already been suggested that during the period of acute tension after the telephone call, I perceived something in the situation which indicated that my reaction was exaggerated and I recognized that my anxiety would abate if I examined the situation more closely. My ego became cathected with enough 'neutralized energy' to shift in part from being a 'neurotically involved ego' to becoming a 'discerning ego' (1). This is an important shift in orientation. Attention has been directed toward the self, even though at this point the awareness of the self's role in the conflict is rudimentary.

The second step involved a quest for the reason for my over-reaction. There developed the realization that the degree of fear and

hostility felt was not warranted, and then the recognition that this was part of a familiar pattern—behaving in such a defensive manner when I feel guilty about something I have done or experienced. This recognition lacked many of the affective overtones associated with re-experience and was derived from previous cognitive insights whereby I originally became aware of this pattern. There was a sense of familiarity but no recall or revival of a previous mental state. I formulated a hypothesis to account for my reactions based on similarity to previous situations which I had analysed. As yet, I lacked affective awareness.

The third step, as indicated, was the most crucial aspect of the process. It is the phase of the process that seems most clearly related to what Richfield (3) describes as 'knowledge by acquaintance' in contrast to 'knowledge by description'. It is a mental process I go through frequently in various ways. It is preceded, as in this instance, by a tentative hypothesis deduced from a number of clues concerning feelings, impulses, and conflicts I have experienced. The step itself consists of a scanning of my memories of recent mental states in search for the state that corresponds with the conclusion I have arrived at. This step is deemed successful when I can recall, and in a muted way re-experience with awareness, what has gone on in this mental state. I use this step most frequently to recapture a feeling or conflict which I have concluded is responsible for the content of my dreams. There is, of course, nothing unique about this, but I do not feel that I have become aware, even partially, of what is responsible for my waking or sleeping behaviour, unless I can recapture and re-experience affectively the state of mind which corresponds more with a cognitive appraisal of my situation. At this point, there is the familiar 'click'.

What is of interest is that what was recalled was the previously preconscious mental state, wherein there had been extensive self-criticism and exhortation to better behaviour. A mental state is complex and difficult to describe, but as far as can be ascertained what was recalled and made conscious was this self-criticism plus the corresponding affect of guilt, muted—of course—by the fact that it was now the object of an observing ego. The implication is inescapable that more than a recall of a guilty reaction occurred, although these subsequent steps transpired presumably in a preconscious fashion as the inevitable conclusion of a Gestalt whose con-

figuration had been grasped. It is legitimate, I think, to deduce that in some such manner I recognized that my guilty feelings had been preceded by the taboo act of cutting the class. Furthermore, in similar fashion, there was a change in the way the act was appraised. Prior to the restoration process, only the censoring aspects of my ego operating under the aegis of my superego were directed toward the act. The character of the act and even my reaction to it were split off from my observing ego. With the re-establishment of my psycho-analytic orientation, the discerning and much more benign portions of my ego were in a position to evaluate the act. How correctly the character of the act was discerned will be discussed subsequently.

It is clear that the restoration process proceeded in steps. First, attention was directed toward the self; next, cognitive processes were directed toward an understanding of a behaviour pattern; and finally, a complex step occurred wherein both affective and cognitive mechanisms were in operation. One can postulate that with each step there was a new orientation, in each instance directed toward a clearer and more meaningful observation of the self. The change in the orientation of the ego between the second and third steps is quite striking. During the second step, the ego is examining the self, but this object of examination is delineated in logical and conceptual terms. The orientation of the third step involves much more. The self here is not merely observed but re-experienced as it is observed. The boundaries of the observing ego, as it were, encompass the memory and the feelings of a significant mental state.

RESTORATION AND THE PROCESS OF PSYCHO-ANALYSIS

In many ways, this process of restoration recapitulates the process of psycho-analysis. An analysis proceeds step by step. The various aspects of the repressed portions of the self enter awareness in stages. At a given point a new meaning of behaviour is comprehended. Subsequently, the derivatives of impulses motivating this behaviour are affectively appreciated. At each stage during an analysis, there is a period of working through of the new insight before there is a moving on to a deeper awareness of the self. Each of these stages is associated with a greater capacity to accept and integrate derivatives of the unconscious processes rather than to respond to signs of them by primitive anxiety or guilty reactions. The increasing self-esteem and se-

curity associated with this intrapsychic shift prepare the way for awareness of still more repressed aspects of the self. If it is assumed that the restoration process repeats the analytic process in a highly condensed fashion, each step of restoration can be considered as leading the individual to increasing security and a greater capacity to become aware of the self instead of responding to aspects of the self with anxiety and guilt. The increasing integration and security associated with each new stage would permit a modification of the original aim of the restoration process, which was to decrease the superego conflict. The aim became increasingly directed toward awareness of the self and much less involved with decreasing the original anxiety. As the process develops, the ego has a progressively greater capacity to appreciate affectively the repressed portions of the self.

Furthermore, the analogy between a psycho-analysis and the restoration process can be extended. At each stage of an analysis, a new awareness is partially utilized as a defence against more repressed and unconscious aspects of the self. The ego orientation at each point of progress goes something like this: 'Yes, I see it and maybe feel it as part of my self, but, thank God, it isn't something more dangerous.' What it is that is more 'dangerous' cannot be formulated at that point in the analysis. This double aspect of a new concept of awareness and defence is applicable to the restoration process, particularly the last step.

This leads once again to the question that has been posed during this discussion: To what extent were the unconscious aspects of cutting the class appreciated? The fact that the restoration process included the re-experiencing of a previous mental step points at least to a significant degree of awareness of the self. However, the extent of awareness of the act's unconscious significance is difficult to determine.

The fact that there was a very vivid sense of relief with the recall of the previous mental state does not resolve this dilemma. It has been indicated that the relief was chiefly associated with the decrease in anxiety due to guilt about the act of cutting the class. The fact that I recalled and re-experienced certain aspects of this conflict has strongly suggested that the act was reappraised in a manner that was less threatening, and my anxiety decreased as the result of this reappraisal. Of course, relief can be experienced upon waking up from a bad dream and recognizing that the nightmarish object is non-

existent. Analogously, my 'wide awake' and restored-to-things-as-usual ego could have evaluated the act as not bad and not dangerous. Yet the act undoubtedly was reappraised not only in terms of what it was *not*, but to some extent in terms of what it *was*: that is, as an act of my own motivated by 'aggressive and selfish' needs. This is indicated by the utilization during the process of restoration of the complex mental mechanisms which are, at least partially, associated with an analytical orientation.

Perhaps a further discussion of just what the act was will lead to a partial clarification of this problem. For the full psycho-analytic awareness of what the act was, it would be necessary for me to accept and integrate (or reintegrate) the unconscious aspects of the act. Yet the act as it was performed was a relatively innocent bit of behaviour taking place in real time-and-space dimensions. It was motivated by needs which, while selfish and aggressive, appear to be a far cry from the primitive phallic strivings—to say nothing of the pregenital impulses—from which they were derived. The energy which cathected the act was, to a considerable extent, neutralized. It is possible, of course, that certain facets of the act might have been motivated by more unconscious needs, e.g. my reactions to the patient for whom I cut this class. I do not believe this to be the case. Be that as it may, the act—as it was experienced—was a discrete event occurring under not very remarkable conditions and would not have been judged a very serious transgression had I thought about its nature during the time it was taking place.

If I had hypercathected the act with conscious attention, I would most probably have viewed it as a bit of behaviour similar to previous comparable acts of mine and of other persons. I would have been able to categorize it in various ways in accord with concepts I have about my own activities, e.g. reasons for doing it, possible consequences, etc. According to all indications, I would not, in this framework, have considered it to be of very serious import.

My orientation towards the act under these circumstances would not be a psycho-analytic one. I would have recognized that I had participated in the act, but would have dealt with it in concrete terms, which indicates that I was dealing with my internal reality as if it were external. The focus of my attention would not have been primarily upon the affect I was experiencing or upon my mental state associated with the act. I would not have been motivated to search for the

unconscious aspects (or potential unconscious aspects) of the act, in large part because at this point the act was sufficiently ego-syntonic for its significance not to mobilize very much anxiety. In fact, as indicated, this concrete way of viewing the act would not have been too discordant with its real character, as it was psychically experienced in the process of unfolding and as it compared with the qualities of other similar acts.

Once the act had taken place, however, the intrapsychic processes began to deal not with the act itself as it was *in statu nascendi*, but with the memory of the act. It was incorporated into mnemonic systems and subject to the fate of 'daytime residuals' described by Freud in Chapter VII of *The Interpretation of Dreams*.

Once conscious cathexis was withdrawn from the memory, the preconscious aspects of the act predominated, with the guilt-mobilizing qualities of the memory paramount. This is indicated by my concern about my behaviour and the preconscious self-critical fantasies. The unconscious significance of the act is more obscure. The oedipal and preoedipal significances can be deduced from the character of my behaviour, but there is no evidence as to a more exact picture of the unconscious fantasies. The intensity and the prolonged duration of the self-critical fantasy, as well as the exaggerated reaction to the telephone call, certainly point to fairly marked unconscious cathexis of the memory.

REINTEGRATION AND RESTORATION

The problem under discussion, it should be recalled, is to determine the degree to which the unconscious aspects of my behaviour were reintegrated during the restoration process. It is to the point, therefore, first to clarify, or at least to speculate upon, the manner in which this memory became linked with unconscious processes. It is a matter of common observation that many bits of behaviour, seemingly harmless when carried out, subsequently become elaborated in vivid fantasies or dreams which indicate that unconscious fantasies have been linked to this behaviour.

Fisher's (2) work on preconscious perception may suggest fruitful analogies in aiding in the understanding of this transition. He has shown that preconscious perception can occur when a picture is flashed on the screen for a fraction of a second. Certain percepts registered without conscious awareness are utilized and distorted in accord with unconscious needs, as manifest by

the character of visual imagery in dreams and free drawings immediately after the tachistoscopic exposure. Fisher has speculated that the unconscious wishes mobilized by the experimental condition transferred their intensity on to the memory traces of the registered preconscious percepts, and that there was subsequent delivery of the transformed percepts into consciousness in the form of dreams.

The situation under discussion is not strictly analogous. For example, there was no dream as evidence for the character of the unconscious needs which might have become transferred on to the memory. It is possible, none the less, that something similar occurred in this instance. The memory of the act was registered and, subsequently, parallel unconscious conflicts not primarily precipitated by the act, but occurring more or less contemporaneously, might have utilized this memory as a means of expression in the preconscious. Another alternative, already indicated, is that the act only appeared to be relatively benign; the motivation and actual discharge of the act was associated with fairly marked aggressive urges, held in check by defences which were no longer effective when conscious attention was withdrawn from the memory of the act. When this occurred, the now freed aggressive energy associated with this act was discharged by means of unconscious fantasy systems. This latter possibility seems less likely, but in either instance the unconscious conflict was expressed in the preconscious by way of the self-critical fantasy, influencing in particular its intensity and duration. There is no evidence that the unconscious aggressive and sexual impulses as such were expressed in my preconscious in the form of derivatives. There was no dream, no libidinal or aggressive fantasy, no memory of intense and highly cathected affect to serve as an object for my observing ego.

The absence of such derivatives may have been due in part to the fact that I did not search for them because of the associated anxiety. If this were the case, some aspects of the underlying unconscious impulses reached the preconscious but not awareness. It is equally possible that derivatives of the id were not recognized because the conflict was experienced in the preconscious largely in terms of a superego-ego struggle. In such an instance, the id derivatives of the conflict would not be readily observable.

What happened then in the restoration process is rather complex. First of all, in accord with its aim of relieving anxiety, the ego directed atten-

tion cathexis toward the memory of the act in terms that more or less corresponded to the way it would have been considered, if I had reflected upon it during or immediately after the act occurred, as a not too serious bit of behaviour. As such, it became dissociated from its unconscious connexions. The sense of relief was then partially due to this non-threatening and 'realistically' concrete attitude toward the act.

However, I think more than this occurred. With the increasing security which developed during the restoration process, particularly after its third step, the unconscious aspects of the memory became the object of the observing portions of the ego, although such observations occurred silently. The act's unconscious significance was sought out by methods of observation which were the tools of the analytic orientation.

As I have constantly reiterated, conclusions about the degree of observation and reintegration of the unconscious aspects of the act must be tenuously stated. The paucity of unconscious derivatives actually observed does not preclude awareness and acceptance into the ego of the unconscious portions of my behaviour. During and after a psycho-analysis, the development of affective appreciation of the unconscious aspects of the personality occurs in separate parts. At one time, associations to a dream may lead to awareness of unconscious drives, so that there is a recognition of similarity of the dream pattern and the waking behaviour. On another occasion, a bit of adult behaviour is demonstrated to be a linear descendant of behaviour apparent in a revived infantile memory. At still another time, a mental state in which a highly aggressive fantasy manifests itself is affectively appreciated. To revert to my autobiographical example for a moment, it is hardly indiscreet to reveal that my sensitivity to authorities had been affectively, as well as cognitively, recognized as very directly related to my reactions to my father. In any case, in my own analysis, as in all analyses, these crucial affective insights were experienced in separate parts. In the course of time, derivatives of these unconscious conflicts are expressed and integrated into the psycho-analytic or post-psycho-analytic orientation in an almost infinite variety of ways so that the separate parts become more and more part of a Gestalt. An awareness of the derivative of part of an unconscious conflict stands for the whole. An awareness of the fact that I have over-reacted to an authority, which actually occurred in this situation, indi-

cates to me, provided my analytic oration is in force, that I have unconsciously reacted to a castrating father-image, *plus* the fact that I have wished for forbidden objects or gratifications that are related to oedipal strivings. I think it is likely that some such appraisal of the total event was made, and that it was appreciated that the act had been in one way or another cathected with unconscious urges.

If this was so, then the relief associated with the restoration process was more than a re-appraisal of the act in terms of the customary idea of reality. It is axiomatic that a successful analysis promotes a transformation of the id into the ego. The anxiety produced by signs of the repressed unconscious urges decreases during the course of an analysis when these urges are accepted by the integrated ego as part of the self. It has been suggested that the restoration process recapitulated the analytic process. Thus the re-establishment of the analytic orientation during the restoration process permitted an awareness and acceptance of the *general* nature of the unconscious conflicts in a manner that decreased the anxiety mobilized by the unconscious urges during the period of regression.

There is still, however, the question why this restoration process stopped at the point where relief was experienced. Why did I not continue to scan my recent mental states in an attempt to recognize the derivatives of the id strivings that were at the basis of the unconscious conflict? For example, why did I not hypercathect the details of the act with the goal of ascertaining some clue that might point to the nature of the aggressive impulses associated with the act? Unquestionably, if I had continued to free-associate at that time, numerous links between the act in question and concomitant actions or urges of mine would have become apparent. Retrospectively, I am able to recognize many of these connexions, some of which have to do with 'coming of age' in the power struggles of the psychiatric world. I was aware of my intense psychic conflict in these matters, and a continual self-analysis was going on. Yet during the restoration process which I have described here there was a resistance to recognizing these connexions. It is likely that at that moment there

were associations that would have mobilized considerable tension if hypercathected with attention. It was safe enough to recognize and accept the general nature of the conflict implicit in the act of cutting the class, that is, that it was related to the perennial struggle with father-images; and it was possible affectively to experience my guilt associated with this battle. In all likelihood, it would have been more uncomfortable at that moment to have re-experienced a recent fantasy or urge that was cathected with intense degrees of aggressive or sexualized energy. It has been indicated that the restoration process served both adaptive and defensive needs, in that it decreased anxiety, as well as functioned at the behest of my analytic ego ideal. There were limits to the momentum provided by the latter aim at the point where it operated by itself without reinforcement from the pleasure principle. There was no incentive to proceed with further observations of unconscious derivatives once the anxiety had been relieved. My analytic ego ideal was placated by my awareness of the general nature of the conflicts. It is as if I had said that I knew what my unconscious conflict was about, and then reassured myself that if I wanted to brace myself—as it were—against the discomfort associated with awareness of my taboo impulses, I could do so, but why bother.

What is considered full and deep analytic insight involves an affective acceptance of one's most primitive urges and of the unconscious fantasy systems. During the period that such intense urges are in operation—for whatever reason—the usual course of events promotes some such regression of the orientation described in this paper. It is probably necessary in most instances to acquire some temporal distance from the stress for the ego to be secure enough to appreciate affectively the full force of the highly charged urges. No doubt, the more frequently and thoroughly this is done, the more readily such appreciation occurs and the more completely does awareness of part of the unconscious conflict truly stand for the whole. Yet it is hardly necessary to emphasize the defensive aspect of any mental process. What may appear to indicate understanding of unconscious processes may serve to cover deeper and more threatening meanings.

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RETALIATORY HOMOSEXUAL TRIUMPH OVER THE FATHER

A Further Contribution to the Counter-Oedipal Sources of the Oedipus Complex

By

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In an earlier publication (4), which attempted to clarify certain neglected aspects of the myth of Oedipus, it was suggested that the oedipal fantasy involved not only the slaying of the father and cohabitation with the mother, but also—quite specifically—a homosexual triumph over the feminized father. It is proposed to document this latter aspect of the oedipal fantasy by means of a rather thinly disguised dream of the David and Goliath type, in which the homosexual triumph is clearly present, despite an inversion of affect in the critical scene.

The clinical material about to be presented was obtained from a talented young artist of exotic origin, after he had been in a twice-a-week face-to-face expressive therapy for some months. He had sought treatment for a potency disturbance, which appeared when he first fell in love with his second cousin, who was also the first woman he ever loved. The potency disturbance disappeared quite rapidly after he realized that it was due partly to oedipal anxieties and partly to his fear of becoming emotionally unfaithful to his mother.

The Dream: 'I am in a bathtub with a male cousin who is my age, and we are engaged in some kind of physical contest with, or are attacked outright by, some older and larger men, one of whom is my older cousin. Somehow I have the feeling that the cousin in the bathtub and I are not our present age, but much younger; we are boys struggling against adults and must defend the bathtub against them. I reach down, grasp my older cousin, who is one of the attackers, by the ankles, and, with a violent jerk, lift him up, causing him to fall on his back, outside the bathtub. He is lying on his back, completely immobile. I emerge from the bathtub and bend over him—I am worried, thinking that I might have killed him.'

Associations: Before discussing the patient's associations, mention must be made of the fact

that, despite the excellent education this young artist had enjoyed, his dreams were invariably of a rather transparent type, such as one finds among primitives (2), children, and often also hysterics. In other words, even though the physical setting of his dreams included cultural items characteristic of his own civilized background—ships, physicians, bathtubs, automobiles, etc.—and even though the dream situations were such as one would meet with in the real lives of the educated classes of this young man's generally backward country, as well as in Europe and in America, the structure and the plot of his dreams were relatively 'primitive'—wishes and fears being presented in an almost undisguised form. Moreover, like some American Indian patients with whom I had worked on previous occasions (1, 2, 3, 5), this patient, too, had little trouble in producing quite rapidly significant associations to his dreams, and in understanding the latent content of his dreams with relatively little help from the therapist. This fact is understandable partly in terms of Róheim's view (8) that the superego (dream censor) of the primitive is patchy and full of gaps, and partly in terms of the anthropological truism that the primitive does not differentiate between reality and dream to the same extent and with the same definiteness as does Western civilization. In fact, Kroeber (7) actually suggests that the evolution of civilizations is, generally speaking, in the direction of greater realism; a view which should probably be amended to read that advanced cultures differentiate more and more sharply between reality and fantasy on the *logical* level, although in *practice* they often insist that a given fantasy is reality—and vice versa, of course.

(a) The attacked and seemingly killed cousin had been the object of some rather sadistic-castrative rough-housing at a time when the

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patient was in the late latency period, and the cousin a young adolescent. One day, after the boys had been swimming in the nude in their private swimming pool, and were standing near the water, the patient suddenly grabbed his cousin's penis—which, for some reason, had become erect—and began running around the pool, dragging his older victim behind him. Since the patient had a firm hold on his cousin's penis, the latter, though older, larger, and stronger than the patient, was unable to defend himself effectively without hurting himself, and had to trot behind his smaller assailant for quite some time before the latter agreed to release him.

(b) The bathtub led to two associations. The patient compared it to the pool near which the sadistic scene just described had taken place. He also remembered that, when he was swimming in, or playing near, that pool in childhood, he sometimes had occasion to peep through a crevice and to observe the enormous nude buttocks of one of his family's native woman servants. Throughout his childhood this woman's huge buttocks both fascinated and excited him, and the recall of this interest led to the second association that, as a child, he sometimes refused to be *bathed* until bribed by being shown the large buttocks of this female servant. In reply to the direct question whether the shape of the bathtub made him think of anything, he immediately replied that it made him think of the female genitalia. The appearance of the bathtub in the dream was then shown to the patient to have also the significance of a day's residue, since his physician had just instructed him to take hot sitz-baths, as part of a treatment for a non-specific urethritis and mild chronic prostatitis; sitz baths which he was unable to take, since he only had a shower in his small apartment. It should be added that, some weeks earlier, this shower had been the scene of a violent and successful—unusually successful—lovmaking between the patient and his second cousin, whom he planned to marry as soon as possible, and subsequently did marry.

(c) The big attacking the small. When this aspect of the situation was pointed out to him, the patient spontaneously replied that it obviously represented his father—a gross, huge and fat man—attacking him while he is with his mother. In explanation of this association it should be added that the mother—who is highly seductive—and the son always made a common front against the father, the mother making the son almost an accomplice of her more or less

open liaison with a certain man, and demanding to be made the confidante of her son's quite promiscuous adolescent sexual adventures. In fact, in some subtle ways, the mother manoeuvred the son into the position of a young gigolo, partly supported by money which the mother diverted to that purpose without the knowledge of the father. In offering the association that the big attacking the small in the bathtub meant that he was actually dreaming of his father attacking him—a dream he had had in a less disguised form also on earlier occasions, and which was also the latent content of several waking childhood panics—the patient wondered why he represented his father through his elder cousin. At this point the therapist mentioned to the patient that, somewhat earlier in the hour, the patient himself had stressed that he had always refused to call his uncles and aunts 'uncle' and 'aunt' and, to the great scandal of his conservative and authoritarian family, insisted on calling them simply by their given names, as though they were cousins, rather than uncles and aunts . . . merging generations instead of keeping them apart. For technical reasons no reference was made to the fact that his mother—in treating him like a lover—had, on her part, also minimized the gap between generations and that his second-cousin-and-fiancée had, when only 10 or 11 years old, been intimately caressed and almost seduced by one of her uncles, who, in so doing, also ignored the gap between the generations. The incident involving the patient's fiancée is of some importance. It had worried the patient a great deal when he found out about it, since he rightly felt that this traumatic experience had been responsible for his fiancée's initial inability to achieve an orgasm.

(d) Throwing a large opponent by grasping his ankles was readily seen as a further underscoring of the difference in size between the assailant and the attacked, and was spontaneously associated with the grasping of the cousin's penis.

(e) The concern over the possibility that he might have killed the cousin was apologetically interpreted by the patient as proof that he had not *meant* to kill his assailant. When it was pointed out to him that he had no 'rational' reason for assuming that a mere fall would kill his assailant and that, therefore, the *fear* that he might have killed him meant that he had actually *wished* to kill him and only afterwards felt conscience-stricken about it, the patient spoke angrily of earlier aggressions committed by the

older and bigger cousin. In fact, he suddenly held up one of his hands, pointing to a scar on his palm, which—*before* the penis-pulling episode—had been wounded by this older cousin with a nail, in the course of another rough-housing.² In brief, in a typically 'primitive' failure to differentiate between reality and dream, the patient cited a *genuine* act of aggression as a justification for the *dream* slaying of his cousin.

(f) Position of the fallen: Since the patient is an artist, highly sensitive to movement and positions,³ he was asked to describe carefully the position of the prone figure which he was examining so solicitously. With a marked expression of surprise on his face, the patient stated that the seemingly dead cousin was lying on his back, his thighs somewhat apart, *like a woman preparing to be penetrated by a man, and that he did not seem to have a penis*. At this point the patient was reminded of the nail wielded by his cousin which had inflicted the wound on his palm, of his own spontaneous association to the 'homosexual' significance of a nail being driven in head (glans?) first, and of his justification of the dream-murder in terms of his having been wounded by a nail. This partial interpretation of the dream was readily and genuinely accepted by the patient.

Interpretation of the Dream: Your father having attacked you homosexually while you were near (or inside) your mother, his 'nail', driven in 'head first', even leaving a still perceptible scar on your body, you retaliate by killing and feminizing him. He has no penis and he lies on his back in the position of a woman about to have sexual intercourse.

The validity of the interpretations offered was confirmed in the course of the very next session.

Dream: 'There are very large stools in the flush bowl. They are alive. I cannot quite explain how I knew that they were alive, but the fact that they were alive was quite clear to me in dream. Then, in some manner which I cannot explain, these large stools transferred themselves from the flush bowl to the wash bowl. Also, there were on the floor little bits of stool and—perhaps while transferring themselves from the flush bowl to the wash bowl—

the large stools devoured the small stools.'

Associations: This dream puzzled the patient so much that his first associations consisted largely of attempts to clarify the actual details of the manifest dream. Thus, he grappled in vain with the problem of how he 'knew' that the large stools were alive, with the manner in which they transferred themselves to the wash bowl, and so forth. Next, he explained that the devouring of the small stools by the large ones seemed to be a particularly aggressive act. When it was suggested that the devouring of stools by stools was rather like cannibalism and, specifically, like child cannibalism, the greatly startled patient promptly declared that this interpretation fitted his own feelings perfectly. The patient then said that the large stools were obviously those of a large and adult person; in fact, they were probably the stools of his father, who has a markedly large abdomen. Next, a brief exchange of remarks led him to conclude that the small stools were his own. Asked whether, as a child, he had received enemas, the patient, once more startled, said that he had received many enemas, which he both disliked and dreaded, spontaneously adding that the small bits of excrement, which the large stools devoured, resembled the small fragments of faeces which he used to extrude after being given enemas. When these data were correlated with the fact that the patient had recently had prostatic massages, as part of a diagnostic procedure seeking to determine the cause of his recent urethral discharge, *the patient suddenly remembered that, when he had gonorrhoea during puberty, his prostate had been massaged by his own father, who is a physician*.

Many months later when, in the course of an attempt to elucidate the causes of his unwarranted bouts of jealousy, the patient suddenly began to mention also the positive aspects of his father's personality, he reconsidered his earlier interpretation of the symbolism of the nail which, in the Cocteau film, was being driven head first into wood: 'I told you, when I first spoke of this matter, that this manner of driving in a nail—which, as I realized, symbolizes the penis—seemed to me a kind of

² The wounding of his palm with a metal nail led to associations to a Cocteau film, in which someone tries to drive the flat head, rather than the point, of a nail into some wood... a scene which the patient related quite spontaneously to homosexual impulses. There were also some further associations to this topic, which are, however, not germane to the matter under consideration.

³ It is of the greatest interest for an understanding of

the growth of sublimations that, in the course of only a few months of therapy, there occurred a major change in the patient's drawings of the human body. In his pre-therapy sketches the figures were represented as more than relaxed. They almost seemed to sag and to collapse, as though they were melting snowmen or wax figures. In his later sketches there was a marked sense of muscle tonicity, even in drawings of figures in repose.

"inversion"—i.e., something inverted and therefore homosexual. Yet the head of the penis is the real penetrating tip of that organ, so that, *at least, in so far as the nail represents the penis*, it is not an "inversion" to drive it in head first.' It is extremely significant that this remark was made at a time when his continuous jealousy suddenly abated, as a result of the emergence of certain early, positive, and rather non-pathological feelings toward his previously systematically criticized father.

DISCUSSION

In the article already cited (4), it was pointed out that Laius's doom was explicitly specified by early Greek legends to have been the consequence of his earlier rape of the boy Chrysippus (= Oedipus), and that Laius then repeated this homosexual aggression on his own son by piercing the latter's ankles. In punishment for these two crimes of counter-oedipal ('Laius complex') homosexual aggression, he was eventually slain, symbolically emasculated and homosexually triumphed over by his son Oedipus, who then—according to early Greek versions of the Oedipus myth—raped his mother Jocasta in the presence of the slain Laius' corpse.

In the dream reported in the present paper, the patient—who represents himself in dream as a mere boy—successfully wards off the attempts of his larger and older cousin (= uncle = father) to invade the bathtub (= vulva = sitz-bath = shower = scene of a highly successful and violent love-making with his second cousin, whom he formerly unconsciously equated with his mother). Stressing the David and Goliath element, he upsets the assailant by grabbing his ankles (as he had once grabbed his penis), whereupon the defeated invader seemingly dies and lies on his back, without a penis and in the position of a woman about to be penetrated. The murder, castration (= penis-pulling episode) and homosexual triumph are explicitly justified by the patient by skipping—in a characteristically 'primitive' manner—from dream to reality, and showing the scar his cousin had once inflicted upon him by means of a nail. The explicitly homosexual nature of this earlier attack is strongly underscored by the association that 'driving in a nail head first' (= glans first) has a homosexual meaning.

CONCLUSION

The inference drawn from an analysis of the Oedipus myth, that the oedipal fantasy also involves a homosexual triumph over the feminized

father, and that this homosexual attack upon the father is justified by the earlier homosexual aggressions of the father against the son, is fully supported by the singularly transparent dream of a talented young artist of exotic origin. Moreover, the inference drawn from the Oedipus myth, that the successful resolution of the oedipal ties and conflicts calls, among other things, for a fantasied homosexual triumph over the father, is fully substantiated by the fact that this dream occurred at a point in therapy where the patient's potency with his second-cousin-and-fiancée—which had been originally impaired by his unconscious tendency to equate his girl cousin with his mother—had been completely restored and his ability to love a girl in a mature way, with marriage as an objective, first became manifest.

The immediate reason for the appearance of this dream at this particular time was the disturbing recurrence of the symptoms of a non-specific urethritis and mild chronic prostatitis representing the aftermath of several earlier bouts of gonorrhoea. The symbolization of the oedipal situation by means of cousins (= uncles) is overdetermined: It is due partly to the girl cousin's own oedipal experience with an uncle, partly to the fact that the girl cousin had been formerly equated with the tabooed but seductive mother, and, last but not least, to the fact that the girl cousin's family and the patient's family had an old family feud of considerable bitterness, further complicated by matters of snobbery related to subtle shades of skin colour, so that the patient's courtship was bitterly rejected by the girl's family, which ignored him to the point of refusing to return his greeting in the street. At the time this dream was dreamed, the opposition of the cousin's family became especially offensive and pointed, since it became more and more apparent that the girl would marry the patient, no matter how strongly her family opposed the match.

Methodologically, the present data suggest that the psycho-analytic scrutiny of myths and of other anthropological data can alert the psycho-analyst to the existence of intrapsychic patterns and processes which, sooner or later, he will also meet in a therapeutic context, thus demonstrating the ultimate clinical value of studies of the so-called 'applied psycho-analysis' type (6).

APPENDIX

In order not to be taxed with having overlooked the obvious, brief reference should be

made to the dream detail of tackling a larger opponent by grabbing his *ankles*, after having, in reality, once grabbed his *penis*; a detail which suggests the equation: ankle = penis. What lends especial interest to this equation is the fact that Laius had attacked the *ankles* of his infant son Oedipus, and had caused them to be pierced (nail?), while in the dream just cited, it is young

'Oedipus' who attacks his 'father's' ankles. Further data are needed before one can legitimately suggest that the symbolic equation ankle = penis is—loosely speaking—a 'natural' one, in the sense in which the equation snake = penis is an extremely widespread symbol. The question is simply raised, but cannot be answered in the present state of our knowledge.

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OBITUARY

EDWARD BIBRING

1895-1959

On 11 January, 1959, Dr Edward Bibring died at the age of 64 after a long illness, leaving behind his wife and closest professional collaborator, Dr Grete L. Bibring, and two sons.

Edward Bibring was one of that small group of psycho-analysts in Vienna who were closely associated with Freud in the years following the First World War. Like a number of his friends and colleagues whose contributions and lifework were identified with the main stream of the development of psycho-analysis, his interest in that field followed upon earlier studies in the humanities.

He was born in Stanislav, Austria, and was studying philosophy and history at the University of Czernowitz when the First World War broke out. He immediately volunteered for service, and by 1915 he was fighting on the eastern front, where he was soon taken prisoner. With the revolution in Russia he escaped and made his way back to Austria, where he was granted leave to resume his studies. He then went to Vienna to study medicine.

He developed an interest in psycho-analysis and while still a student at the University of Vienna Medical School in 1920 became formally associated with the Vienna Psycho-analytic Society. In 1927 he became a full member of the Society, and from then on, until the Nazis came, he took an increasingly active and responsible part in its affairs. From 1928 to 1938, he was director of the outpatient department for mental diseases of the Vienna Psycho-analytic Institute. In 1935 he was chosen Honorary Secretary of the Committee on Professional Training of the International Psycho-analytical Association, whose task was the revision and reorganization of training standards. He was appointed co-editor-in-chief of the *Internationale Zeitschrift für Psychoanalyse* in 1935, and in this capacity he collaborated with Freud, the founder and sponsor of the *Zeitschrift*. He continued this activity from London until war conditions made further publication impossible. The courageous way in which Bibring protected the interests of psycho-analysis during those harrowing days of

Nazi terrorism and brutality, even though his own safety was further endangered, is a measure of his personal calibre and integrity. With the turn in political events Bibring, along with Freud and other leading members of the Vienna Society, moved to London in May 1938, accompanied by his family. He was warmly received there, resuming his work, and being immediately appointed to the training staff of the London Psycho-analytic Institute and Clinic and to the Board of Directors of the London Institute. At this time too he became a co-editor-in-chief of the revised German edition of Freud's collected works published in London following the 1938 destruction in Vienna of the essential psycho-analytic publications, including all of Freud's writings.

In February 1941 Bibring went to Boston, where he continued his work as a training analyst and an outstanding lecturer at the Boston Psychoanalytic Institute. For over ten years, until the effects of his illness placed limitations upon him, he was most active in psycho-analytic training, teaching, and research. In 1944, and again in 1949, he was Chairman of the Educational Committee of the Boston Psychoanalytic Institute, and from 1947 to 1949 President of the Boston Psychoanalytic Society. In keeping with his long-time interests and activities towards the establishment of the highest standards of psycho-analytic training, he was Chairman of the Committee on Institutes of the American Psychoanalytic Association for several years, during which time he inaugurated a first approach to a comparative study of educational practices in the various affiliate institutes. He gave expression to his theoretical position that psycho-analysis was a basic general psychology of human behaviour by taking part in the psychiatric research programme at the Beth Israel Hospital, Boston, and also participating in the training of social workers. His uncompromising dedication to psycho-analysis and its principles was evident at all times, especially in the extraordinary way in which he continued his work despite the increasing dis-

comfort of a progressively incapacitating illness which most painfully interfered with his ability to express himself.

Those who knew Bibring will remember his enthusiasm, personal loyalty, high ideals, and breadth of interests. He was interested in archaeology, the arts, and was a bibliophile even before he became an analyst. His scholarly inclinations also encompassed the social sciences and literature. Of the historical figures in the science of psycho-analysis, some used their talent and made their contributions in the area of therapy, some in that of theory. The unique gift which Bibring possessed was that he was at once both a superb clinician and a theoretician of great depth and vision. He was most perceptive clinically, sensitively noting the different features of a case and the proportionate significance of each detail for the main structure of the case and its course psycho-analytically. At the same time he was a philosophical thinker with a lively imagination and gift for the abstract as well as the concrete, for both the scientific and the artistic. Not only was he keenly alert to the theoretical implications of empirical material, but he was pre-eminently an historian and systematizer of psycho-analytic theory, able to trace with the sharpest clarity the development of a given line of theory, and organizing the concepts as they evolved with a succinctness rarely encountered.

His standards were of the highest, and his perfectionism when it came to writing made his published contributions relatively few in number

but exceptional in quality. Outstanding are his papers on the 'Development and Problems of the Theory of the Instincts', in 1941, which remains a classic in its field, his two contributions to the theory of psycho-analytic therapy, 'On the Theory of Therapeutic Results' (1936) and 'Psycho-analysis and Dynamic Psychotherapy' (1953), and his study of 'The Mechanism of Depression' (1952), which may well have developed as a valid theory from the throes of his struggle with a steadily destructive illness. In 1943 he also wrote a careful consideration of 'The Conception of the Repetition Compulsion', and in 1947 a discerning critical analysis of 'The So-called English School of Psycho-analysis'.

Bibring will be remembered not only for the lasting nature of his scientific work and teaching, but also for his fortitude and personal courage in meeting his illness, which none the less unfortunately interrupted further important contributions before they could be brought into a finished state for publication. Gentle and kindly by nature, he was unswervingly faithful to his ideals and principles. Beyond any tangible element which remains to reflect his stature and place in the history of psycho-analysis, is the intangibility of how he affected those who knew him directly as friends and students. He was an inspiration to them, embodying in his scientific outlook and life approach the rich cultural heritage of psycho-analysis. Edward Bibring leaves a place that cannot be filled.

Arthur F. Valenstein, M.D.

DR. HANS LAMPL

1889-1958

Dr Hans Lampl was born in Vienna on 15 October, 1889. While still at the *Gymnasium* he became a friend of Martin, the eldest son of Sigmund Freud, whose house and family he regularly visited. At that time he can hardly have been aware that these personal ties would one day be strengthened by his becoming a psycho-analyst himself. Lampl studied medicine and was awarded his doctor's degree in 1912. He then worked for eight years in collaboration with Dr Landsteiner, well known for his studies on blood-groups. During this period Lampl's interests lay in the field of pathological anatomy, serology, and bacteriology. His psycho-analytic work started in Berlin in 1921. After his training analysis he joined the staff of the Berlin Psycho-Analytic Clinic, finding in that

lively centre of psycho-analysis ample opportunities for making his own contribution to the new science. Nevertheless he did not completely abandon his anatomical work, and for several years he devoted part of his time to experiments with animals, studying the problem of localization of psychological phenomena. In Berlin Lampl met his future wife, Dr Jeanne de Groot, who was also on the staff of the Psycho-Analytic Clinic. They were married in 1925 and shared till his death a happy family life which was particularly marked by their devotion to the development of Freud's work and the psycho-analytic organization. This must have been of special value to both of them, for twice in their lives they had to cope with the necessity of abandoning everything they had built up and

moving to other centres of psycho-analytic activity.

In 1933, when Hitler came to power, they left Germany with their two daughters and established themselves in Vienna, where Lampl took an active part in the work of the Psycho-Analytical Clinic. But this Austrian period, too, was abruptly ended by the Nazis.

In 1938 the family came to Holland, the native land of Mrs J. Lampl-de Groot, and here at last, in spite of the war and the German occupation, Lampl was able to work undisturbed for more than twenty years. In Holland they joined the Dutch Psycho-Analytical Society, and took a very active part in the organization of the training. It was at their home that the first seminars took place in 1943. Together with their Dutch colleagues they laid plans for future training, to be set under way as soon as the war ended. It was largely through Lampl's enthusiasm and his constant efforts that in 1946 sufficient funds were collected for establishing the Dutch Psycho-Analytical Institute, and he was for several years President of its Board.

Dr Lampl's greatest asset was his personality itself. He was a modest man, but a remarkable one. All those who met him will remember his expressive physiognomy—emerging from a white beard—characterized by his intelligent, penetrating eyes, that looked with interest into the world, sometimes with a spark of anger but more often with a twinkle of fun. His ever-ready sense of humour was indeed one of his greatest charms.

Dr Lampl was always active and enterprising; he easily succeeded in inspiring his friends and colleagues. Sometimes the opinions clashed, for he did not like compromise, and he expressed his views frankly without bothering about the effect they might have on others. Matters of principle were for him of foremost importance. But something positive always issued from his criticisms, since they owed their origin to a wish to improve the work to which he had dedicated his life. He

was sincerely convinced of the value of psycho-analysis and tried to serve its ends in whatever way he could, although never by putting himself in front. He disliked the limelight, and was impatient with diplomatic strategy. Lampl was simply just his own self in whatever situation he found himself confronted with. Within the Dutch Psycho-Analytical Society, whose meetings he attended very regularly, he positively enjoyed taking discussions. He would choose a small detail and use it as a starting-point for an exposition of his views on some practical or theoretical problems, bringing forward a wealth of psychological observation and knowledge which his less experienced colleagues found most illuminating.

But beside his work as a psycho-analyst Lampl could find pleasure in many other aspects of life. He liked good food, travel, and experiencing the beauty of antique and classical art in all its forms of expression. His collection of outstanding photographs, made on his travels, forms a visual testimony to his discriminating taste and profound knowledge of history.

Last but not least, Lampl was a great lover of nature. And so one might think it a happy conclusion to this rich and colourful life that he lived to own a beautiful country house, surrounded by an expanse of rather wild grounds amidst the woods of Wapenveld. There he found ample scope for his never-ending love of walking and for all the peace and seclusion he at times desired. Many happy days during his last two years were passed at this place, where his friends always found a warm reception. It was not far from there, while on his way to work, that Lampl met his death in a car accident on the morning of 1 December, 1958.

Although they must grieve at the tragic way in which he was killed, those who loved him are thankful that his death was instantaneous. In him a fine man and a good and wise friend to many has passed away.

M. M. Montessori.

ABSTRACTS

Contents:

The Psychoanalytic Quarterly, 27, 1958, No. 3.

THE PSYCHOANALYTIC QUARTERLY 27, 1958, No. 3

Bruce Buchenholz. 'Models for Pleasure.'

To gather data for the study of the inner experience which people call 'pleasure', a questionnaire was distributed to about 3,000 residents of the United States, differing in age, sex, education, and geographical location. Recipients were asked to 'think of any experience which gave you a lot of pleasure, joy, or delight. Try to put yourself back into the mood you had at the time. What were the inner feelings, the sensations inside, that you felt?'

A sample of the responses was selected and studied in the light of psycho-analytic theory to determine the basic experiential models which served as foundations for the subjective pleasure experiences reported. The basic model was found to be a picture of loving care by the mother, exemplified by the feeding relationship. Other models were ancillary to, derivatives of, developments from, or distortions of this basic model. They included pictures of part or all of the sequence 'to be lifted, held, and fed'; other pictures of bodily care; successful performance of bowel duties; models of sexual stimulation in relation with parent or self; pictures of defiant sexual or aggressive behaviour; and combinations of these.

The various models are directly related to dependency and being fed: as reward for obedience, as punishment by threatened withdrawal, as substitutions of another person or the self for the feeding mother, or as erotization of the alimentary orgasm.

(Author's Summary)

Viggo W. Jensen and Thomas A. Petty. 'The Fantasy of being Rescued in Suicide.'

The attitude and behaviour of the person who attempts suicide express a strong wish not to die. The attempt acts out the fantasy of being rescued. The rescuer is chosen from among those who have the capacity to empathize with the suicidal person at a particular time. In 'borderline' and psychotic individuals the choice may be symbolic and vaguely expressed.

The fantasy is an attempt to restore the original relationship between the primal object and the ego of the suicidal person. The rescuer must have a surplus of free libidinal energy with which to love the suicidal person and initiate the rescue, and sufficient ego strength to deal with the sum of the

suicidal person's and his own destructive impulses. Often a potential rescuer recognizes the appeal to him, but disregards it for lack of these resources.

(Based on Author's Summary).

Henry M. Fox. 'Narcissistic Defences during Pregnancy.'

The author presents a detailed analysis of the series of narcissistic defences marshalled in a subsequent pregnancy by a woman of hysterical character who had become acutely disturbed towards the end of her previous pregnancy. The narcissistic cathexis of her body image was a defence against the urge to allow her body to be completely consumed in maternal surrender, and against other oral-sadistic and masochistic anxieties which the analysis was able to resolve.

Phyllis Greenacre. 'The Impostor.'

The intense maternal attachment to which the future impostor is subjected, as if he were a part of the mother, undermines his sense of a separate self and the development of his own identity. By placing the child in a position of definite superiority to the father—either through the mother's attitude alone, or by fate through the death or desertion of the father—there is set a potentially serious imbalance of the oedipal relationship, the child being able to assume an uncontested supersession of its father. This inevitable intensification of infantile narcissism favours a reliance on omnipotent fantasy in other aspects of self-evaluation to the exclusion of reality testing.

As this child is closer to his mother than to his father, it may be that he identifies with the maternal phallus, thus increasing the whole quality of illusion with which the impostor paradoxically struggles for self-realization.

Greenacre further suggests that vision, and the reflection of oneself from and by others, play a crucial part in early problems of identity. The sexual organization of impostors tends to be polymorphous-perverse, and there is almost no object-relationship.

Ednita P. Bernabeu. 'Underlying Ego Mechanisms in Delinquency.'

Delinquency should be considered as a symptom and not as a disease entity. It may be a manifestation of every kind of psychopathology. None the less delinquent acts which get their authors into trouble represent a failure of reality testing, and

certain common features in the psychology of the delinquent may be formulated.

The vicissitudes of the strivings for dependency play an important role. The delinquent, because of his experience, and by projection, sees the world as hostile. Never able to give up his fantasy of omnipotence, which he regards as his only safeguard, he has not delegated omnipotence to parental figures or their substitutes. His dependency-needs are intense, but are felt as a threat against which he defends himself by reversal and projection in the formula: 'I do not need you or depend on you or love you; I am omnipotent; I hate you. You, the adult, are malevolent, so I can fight you without guilt.' Action has become a means of evasion of reality rather than of adaptation to it. External controls are not internalized, and their validity is denied in a way that interferes with reality testing. Psychosis may thus be simulated; in this state aggression or other acting out is substituted for psychic symptoms or secondary elaborations.

This acting out causes a continuing lack of socialization and therefore of opportunity for development of the various ego functions.

(Based on Author's Summary)

Wilbur Jarvis. 'When I Grow Big and You Grow Little.'

The child's fantasy 'When I grow big and you grow little' also exists in the reverse form. The

parent may fear growing little and being looked after by his child. When this happens it is because the child has been endowed with the characteristics of the parent's parent in childhood. These amalgams of identity result in transient feelings of confusion.

Joseph William Slap. 'The Genesis of Moses.'

The author regards the story in Exodus of the Levite couple who were Moses's parents as a dream. The dreamer is represented by the sister who stood and watched the discovery of the child, and who must therefore, if Freud is correct about Moses's origin, have been Pharaoh's daughter. Since the ark is a symbol for the uterus, the three months' growth of the child represents intra-uterine, not extra-uterine life, so that the discovery of the child represents the small girl's recognition of her mother's pregnancy.

Moses Naftalin. 'Footnote to the Genesis of Moses.'

Naftalin draws attention to Freud's translation of the Hebrew *ruach* (spirit, breath) in and Moses Monotheism as 'smoke'. This error must be due to Freud's confusion of *ruach* with the German *Rauch*. Naftalin points out that smoke was, as is well known, almost 'the breath of life'—and death—to Freud.

John Klauber.

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REPORT ON THE 21ST INTERNATIONAL PSYCHO-ANALYTICAL CONGRESS HELD IN COPENHAGEN, JULY, 1959

1. INTRODUCTION

The Twenty-first International Psycho-Analytical Congress took place in Copenhagen, under the auspices of the Danish Psycho-Analytical Society. It was held in Falkonercentret, a beautiful new conference hall, and the International Psycho-Analytical Association was the first scientific organization to use the centre. It provided a most pleasant and convenient setting for the Congress.

On Sunday evening, 26 July, the Municipality of Copenhagen gave a reception to all members of the Congress at the Radhus. Members were graciously received by Advocat Mrs Edel Saunte and most liberally entertained with unforgettable hospitality.

On the Tuesday, the Congress Dinner took place at Restaurant Wivex, and following this members were able to dance and to visit the beautiful Tivoli Gardens.

On the Wednesday, excursions were arranged, and in the afternoon the members of the Central Executive and Programme Committee were invited by Dr and Mrs Thorkil Vanggaard and the Danish Psycho-Analytical Society to tea at a lovely farm, north of Copenhagen, following a visit to Elsinore Castle.

On Wednesday evening, Princess Marie Bonaparte graciously entertained 200 members of the Congress at her beautiful family house, 'Lille Bernstorff', just outside Copenhagen.

On Monday evening some informal groups called Technical At Homes were held, during which members of the Congress had the opportunity of discussions with the following members of the International Psycho-Analytical Association: Dr K. R. Eissler, Dr C. Fisher, Miss Freud, Dr Hartmann, Mrs Klein, Dr Lantos, Dr Winnicott.

On Wednesday evening, groups met to discuss informally the following topics: *Child Analysis*; *The Running of Psycho-Analytic Clinics (Institutes)*; *Delinquency*; *Psychosomatic Illnesses*.

The number of people attending this Congress reached a new record; 920 registered for the Congress, of whom 500 were Members or Associate Members of Component and Affiliate Societies, the rest being students and guests.

2. OPENING ADDRESS BY THE PRESIDENT, DR WILLIAM H. GILLESPIE

Ladies and Gentlemen: In calling to order this Twenty-first International Psycho-Analytical Congress, I will begin by observing that this is the first time we have held our Congress in one of the Scandinavian countries; I am sure it will not be the last. Like Great Britain, Scandinavia stands in a peripheral relationship to the main continent of Europe and so has often tended to escape the worst

and most devastating effects of the hot and cold wars which have disrupted the continent in our century, and have so often had an adverse effect on the development of psycho-analysis. Naturally, therefore, one looks with hope to these Scandinavian countries, and it is very heartening that the young Danish Society has felt sufficiently secure and well-established to invite us to hold our Congress in their beautiful and celebrated capital city of Copenhagen. Besides being famous for many other things, it is a favourite site for international congresses, many of them much larger than ours. It is for this reason, I suppose, together with the enterprising genius of its lively people, that Copenhagen has recently come to possess Falkonercentret in which we are meeting. It has been specially designed for such purposes as ours, and you will be interested to know that this is the first scientific congress to use it. I hope it will prove as well suited to our needs as it appears to be. I am sure you will all wish me to pay tribute at this initial stage of the Congress to the great courage of the small group of Danish analysts, led by Dr Thorkil Vanggaard, and most ably assisted by Mrs Philipson, for the magnificent way in which he and they have organized this Congress. May I borrow a famous phrase, and say: 'Never (in the history of our Congresses) was so much owed by so many to so few.'

I have been speaking of the present and of the bright future which it promises. It is fitting that we should now turn our thoughts for a while to the past of the International Association, for since we last met in Paris, we have suffered the grievous loss of our Honorary President, Ernest Jones, the man who did more than any other to shape, preserve, and guide our Association. He was, in fact, actively concerned with it from its inception up to the time of his death last year. He presided over the Congresses at The Hague, Berlin, Salzburg, Lucerne, Marienbad, Paris, and Zurich, being President from 1920 to 1924 and from 1932 to 1949, when he laid down his office at Zurich and, with tremendous acclamation, was made our Honorary President.

Following this, he continued to participate in all the activities of the Central Executive, and attended the subsequent Congresses at Amsterdam, London, Geneva, and Paris, where he was a universally honoured figure. In addition to all this, and in spite of his increasing physical disabilities, in 1956 he took a very prominent part in the celebrations in various parts of the world of the centenary of Freud's birth. Particularly noteworthy was his trip to the United States at this time, and the series of addresses he gave there, which were later published in book form. I was privileged to be present in Chicago on the occasion of his address to the American Psycho-

analytic Association, and I can testify to the tremendously warm and enthusiastic reception that was given him.

It is widely felt that the crowning achievement of Ernest Jones's career was the publication of his three-volume biography of Freud, written during his semi-retirement in his beautiful home in the English countryside. It was a race against time, and we must be very grateful that he was able to complete his great task before his final illness and death. The autobiography, which he had laid aside in order to devote himself to his work on Freud, could unfortunately not be completed by him. The excerpts which some of us have been privileged to hear make one eager for its publication.

A great and many-sided career has come to an end; one which to a quite unusual degree was rounded off and complete, so that our mourning for him is untinged with regrets.

I will ask you now to rise in silent homage to the memory of Ernest Jones.

* * *

Some other remarks that I would like to address to you this morning are also closely related to the work of Ernest Jones for the International Association. In the British Society Jones gave a shining example of how a balance may be struck between conservatism and radicalism, preserving tradition yet at the same time fostering new ideas which to many appeared almost revolutionary. Even Jones, I think, sometimes found it difficult to hold this balance. It is a task that still faces us, both locally and internationally, for psycho-analysis must be a growing science if it is to remain a live one. I should like to refer to a few of the more obvious dangers which threaten it. First, the danger of fossilization and undue rigidity, leading to an inhibition of development because of the fear that it may be development *away* from psycho-analysis. The handing-down of the psycho-analytic tradition should not be allowed to become a domination by the older generation and a total incorporation of them by the younger—a tendency that can sometimes be observed.

An entirely different danger is associated with the wider dissemination of psycho-analytic knowledge and its very legitimate application in psycho-analytically orientated psychotherapy. Although Freud was explicitly aware that the benefits of analysis could be extended to the vast numbers needing its help only by alloying the pure gold of analysis with baser metals, we must take care not to let this lead us to an abandonment of the gold standard, to a debasement of our psycho-analytic currency.

Developments and new discoveries, excellent in themselves and indispensable for the continued growth of our science, may occasionally constitute a peril if they lead to such intoxicating enthusiasm

that other essential parts of analysis become thereby neglected or despised.

All these dangers are familiar and I do not wish to labour them. However, it may be worth while to consider for a few moments the actual and potential functions of the International Association and how it can be most useful at the present stage of psycho-analytic development. Its more obvious current activities comprise, first, the organizing of International Congresses; secondly, the recognition of new Component Societies and Study Groups; thirdly, in exceptional cases, the decision to confer the status of 'member at large'; fourthly, the attempt to resolve conflicts that arise occasionally between different groups in various countries. In this last area, it is fully recognized that it is for Component Societies to regulate their own affairs; in general the International Association takes action only when an appeal is made to it by one or other party to a dispute.

An examination of the activities of the Association in the past, that is, before the Second World War, makes it clear that it attempted to exercise a considerable degree of control over training in the various Component Societies. Here again we find Ernest Jones playing a leading role. He was Chairman of a sub-committee appointed by the Oxford Congress in 1929 to draw up Regulations for the Admission and Training of Candidates; he read its Report to the International Training Commission at Wiesbaden in 1932, and these recommendations were endorsed by the Congress and have constituted the basis of our international standards since then. However, at the Paris Congress in 1938 our United States colleagues informed the International Association that they wished to set up their own organization for the supervision of training in North America, independently of the International. The onset of war prevented the international discussion of this project; the Americans went ahead and, as we all know, they have developed a highly organized system of training standards and machinery for their enforcement, certainly a great deal more elaborate and strict than anything the International Association ever attempted. Since then analysis has spread rapidly in the western hemisphere, leaving only a handful of fully active societies on this side of the Atlantic; the effect has been a tacit abandonment on the part of the International of the work formerly undertaken by the International Training Commission, except in so far as in the United States this has been delegated to the American Association who have continued this work. At the London Congress there was a meeting of representatives of the European Training Committees; but any project to work out from this a common policy of minimal standards met with difficulties, chiefly due to the wide discrepancies that emerged between the older and more firmly established societies, and those which were still struggling against immense

difficulties. There are two further obstacles in the way of Europe's following the example of the United States : one is that we have no common language, even if English is very widely understood ; the other is financial. The annual dues of the American Association are vastly greater than those of the International. I have no doubt that in addition to this the analysts who are active in the control of training and in examining the credentials of candidates for membership of the American Association must make great personal sacrifices in order to give this service to psycho-analysis. However, the project of a European international training committee has been raised again recently and it will be discussed on Wednesday, outside the programme of this Congress. Hence the main way in which the International Association now contributes to keeping up analytic training standards is by the scrutiny of the fitness to train of new groups which are aspiring to the status of Component Societies. No doubt this could be done more efficiently if officers of the International could more often visit the areas concerned and form first-hand impressions, but this is seldom possible, and again the financial factor has to be remembered. Last year an invitation to a medico-psychological congress in Rio gave me the opportunity to meet many of our colleagues in South America, and I think this was very valuable ; but such chances are still fortuitous. Let us hope that they will be more frequent in the future. The Central Executive yesterday discussed various possibilities for improving our methods of dealing with the problems of recognition of new Societies and Groups.

Turning now to the present, I should like to make a few comments about this Congress which is now beginning.

Many of you will remember that at our last Congress, in Paris, a number of opinions were expressed about the form of our Congresses. It became clear that many of these opinions were critical, and that some of our members felt discontented, particularly with the opportunities for discussion which our previous Congresses have provided. Undoubtedly many people who would like to speak from the floor are unable to do so because of the limited time available.

I think one can distinguish two important, and quite different, reasons for this state of affairs. The first is connected with the history of our Association and the traditions set up at the early Congresses that papers read were not discussed in public at the time of their presentation. The second factor is the steady increase in the number of analysts attending our Congresses ; it is obvious that in a meeting of several hundred people there is time for only a small percentage to present their views, even briefly ; and some of us find it difficult to be brief.

However, at Paris it was agreed that at the next Congress an attempt would be made to meet this demand for more opportunity for discussion. In

particular, it was decided that we should give a fair trial to a plan that was put forward mainly by a number of French colleagues ; this was to hold a discussion on a paper which would be previously published, if possible in all four official languages. The author would give only a brief introduction to his paper, thus leaving most of the time for other panel contributors, and for discussion from the floor. This plan has been carried out by the Programme Committee under the leadership of Dr Willi Hoffer and Dr Paula Heimann, and it will be put into effect on Tuesday morning, with a panel discussion of Dr de Saussure's paper, *The Metapsychology of Pleasure*.

The Programme Committee has also tried to facilitate the reading of the maximum number of papers by using to the full the possibilities of Falkonercentret, that is, by arranging five simultaneous sessions for the reading of individual papers, as well as for simultaneous symposia. Like most good things, this has, of course, its disadvantages ; it increases the probability of members finding themselves torn two or more ways by the embarrassment of choice, and also we run the risk that some speakers may find themselves addressing a very small audience. The dilemma seems inescapable. The Programme Committee took the view that in the past papers had tended to be too short, and that too many had been read together without a break at one sitting, leading to fatigue and dissatisfaction. In the present programme, thirty-five minutes have been allowed for each speaker in the simultaneous sessions, some minutes of which may be left for discussion if the speaker wishes ; and only two papers will be read at one stretch, with a short interval before the next two.

Another innovation this year is, I believe, in the tradition of the early Congresses ; although there was no immediate discussion of the papers read, one understands that there was much informal discussion *after* the meetings, over food and drink. This tradition is being revived in the form of what we have called 'Technical At Homes'—after-dinner semi-social meetings for discussion around certain themes or personalities, which are designed at the same time to take the place of some of the private entertaining which is possible only in countries with fairly large Societies.

Finally, and I hope we shall be credited with being very up-to-date in this, we are providing a feed-back mechanism in the form of a meeting at the end of the Congress for its evaluation. We hope, and do not doubt, that opinions will be expressed very freely at this meeting ; but in this connexion I should like to say that the discussion must not be considered to bind, but rather to stimulate those who will be charged with the planning of the next Congress ; they must be allowed to use their own judgement in the attempt to reconcile the ideal and the practical. Perhaps I may quote one example of what I have in mind. The Central Executive felt that they were

bound this year by promises made at Paris to provide simultaneous interpretation into and out of all four official languages. We did not know in Paris just how expensive this would be. Even though we have confined the interpretation to meetings held in this plenary hall, the cost still amounts to \$4000 (in addition to \$1500 we pay for the hire of equipment and installation). Hence, I think we must devise some more economical way of providing the service that is really needed, and that is what we should have done for this Congress had it not been for the promise given in Paris. We have tried to assess what is needed by asking you to answer on your registration forms some questions relating to the languages you understand and speak.

Finally, a word about nomination procedure for the election of officers. This has not always been quite clear in the past. The Central Executive has therefore decided on the following procedure. Nominations may be put forward by a Nominating Committee appointed by the Central Executive to make nominations on its behalf; and also by a Proposer and Seconder who are Members of the I.P.A. The consent of a nominee must be obtained in writing before a nomination becomes valid. Candidates may be nominated for more than one office, e.g. President and Vice-President. All valid nominations will be posted on the Central Executive's notice board as they are received. The nominations of the Nominating Committee will be posted on this notice board by 6 p.m. on Monday, 27 July. In order to allow time for ballot papers to be prepared and so that members will have an opportunity to discuss and consider the merits of various candidates, the nomination lists will be closed at 6 p.m. on Tuesday, the evening before the Business Meeting. All nominations should be in the hands of the Hon. Secretary or have been handed in at the Congress Office by that time. Nominations will not be accepted from the floor at the Business Meeting. After this morning's sessions copies of the Agenda for the Business Meeting will be available at the Congress Office for Members of the Association, together with copies of the nomination and voting procedures which I have just summarized. (*Appendix I*)

The Central Executive has appointed the following members to constitute a Nominating Committee: Jacob Arlow (New York); Heinz Hartmann (New York); Serge Lebovici (Paris); P. J. van der Leeuw (Amsterdam); Donald Winnicott (London).

And now I will bring these introductory remarks to a close, and wish you all a rewarding and enjoyable Congress.

3. PROGRAMME OF THE CONGRESS

Sunday, 26 July

10 a.m.-5 p.m.: Registration at the Congress Hall, Falkonercentret, 9 Falkonerallé.

Scientific Programme

Monday, 27 July

Morning: Plenary Session: Chairman: Thorkil Vanggaard (Copenhagen).

Opening Remarks by W. H. Gillespie, President I.P.A.

Marie Bonaparte (Paris): 'Vitalisme et Psychosomatique.'

S. Nacht and V. Viderman (Paris): 'Du Monde pré-objectal dans la relation transference.''

Morning: Plenary Session: Chairman: Heinz Hartmann (New York).

Jeanne Lampl-de Groot (Amsterdam): 'On Adolescence.'

Melanie Klein (London): 'On the Sense of Loneliness.'

Monday Afternoon: Simultaneous Sessions in Five Sections: (Simultaneous Translation in Main Hall only).

(i) *Chairman: Maxwell Gitelson (Chicago).*

Jacob A. Arlow (New York): 'The Concept of Regression.'

Ralph R. Greenson (Los Angeles): 'Empathy and its Vicissitudes.'

(ii) *Chairman: Lois Munro (London).*

Herbert Rosenfeld (London): 'On Drug Addiction.'

Betty Joseph (London): 'Some Characteristics of the Psychopathic Personality.'

(iii) *Chairman: Lothair H. Rubinstein (London).*

David Beres (New York): 'Perception, Imagination and Reality.'

Annie Reich (New York): 'Further Considerations on Counter-Transference.'

(iv) *Chairman: Jean Favreau (Paris).*

Maurice Bénassy (Paris): 'Fantasme et réalité dans le transfert.'

Michel Fain and Pierre Marty (Paris): 'Le Fonctionnement synthétique de la pulsion homosexuelle au cours des traitements psychanalytiques d'adultes.'

(v) *Chairman: Ruth S. Eissler (New York).*

Augusta Bonnard (London): 'The Primal Significance of the Tongue in Normal and Aberrant Conditions.'

M. Masud R. Khan (London): 'Affects and Technique.'

Monday Afternoon: Simultaneous Sessions in Five Sections.

(i) *Chairman: Robert C. Bak (New York).*

Douglas D. Bond (Cleveland): 'Anorexia Nervosa.'

Max Schur (New York): 'Affect and Structure Formation.'

(ii) *Chairman: Edith Weigert (Chevy Chase).*

Arnaldo Rascovsky (Buenos Aires): 'Fetal Psychism.'

Elliot Jaques (London): 'Disturbances in the Capacity to Work.'

(iii) *Chairman*: Angel Garma (Buenos Aires).

James Alexander (Chicago): 'The Psychology of Bitterness.'

Meyer A. Zelig (San Francisco): 'The Role of Silence in Transference, Counter-Transference, and the Psycho-Analytic Process.'

(iv) *Chairman*: Gerhart Scheunert (Berlin).

Paul Parin (Zurich): 'Die Abwehrmechanismen der Psychopathen.'

Hans Aufreiter (Montreal): 'Psycho-Analysis and Consciousness.'

(v) *Chairman*: M. C. Mackenzie-van de Noordaa (Amsterdam).

Andrew Peto (New York): 'On the Transient Disintegrative Effect of Interpretation.'

Margaret Little (London): 'On Basic Unity.'

Monday Evening: Technical 'At Homes'.

Tuesday, 28 July

Morning: Plenary Session: Chairman: Serge Lebovici (Paris): General Discussion on a Pre-published Paper*: 'The Metapsychology of Pleasure', by Raymond de Saussure (Geneva).

Continuation of Discussion from the floor.

Tuesday Afternoon: Simultaneous Symposia in Four Sections (Simultaneous Translation in Main Hall only).

(i) *Chairman*: W. Clifford Scott (Montreal).

Symposium: 'Psycho-Analysis and the Disturbances of the Digestive Tract.'

Main Speakers: Franz Alexander (Los Angeles); Angel Garma (Buenos Aires); Melitta Sperling (New York).

Discussion from the floor.

(ii) *Chairman*: J. D. Sutherland (London).

Symposium: 'Psycho-Analysis and Ethology.'

Main Speakers: John Bowlby (London); I. Charles Kaufman (Boston); Charles W. Tidd (Los Angeles).

Discussion from the floor.

(iii) *Chairman*: Grete L. Bibring (Boston).

Symposium: 'Entwicklungen im therapeutischen Anwendungsgebiet der Psycho-analyse.'

Opened by Anna Freud and Barbara Lantos (London).

Main Speakers: Kurt R. Eissler (New York); Wilhelm Solms-Rödelheim (Vienna).

Discussion from the floor.

(iv) *Chairman*: D. W. Winnicott (London).

Symposium: 'Psychotic Object Relationships.'

Main Speakers: Decio S. de Souza (Rio de Janeiro); René Diatkine (Paris); Serge Lebovici (Paris); Margaret S. Mahler (New York).

Discussion from the floor.

Wednesday, 29 July

Morning: Business Meeting of the International Psycho-Analytical Association (For Members and Associate Members of the I.P.A. only).

Wednesday Evening: Technical 'At Homes'.

Thursday, 30 July

Morning: Simultaneous Sessions in Five Sections (Simultaneous Translation in Main Hall only).

(i) *Chairman*: Niels Haak (Sweden).

Niels Nielsen (Sweden): 'Value Judgement in Psycho-Analysis.'

C. W. Tidd (Los Angeles): 'The Use of Psycho-Analytical Concepts in Medical Education.'

(ii) *Chairman*: H. Winnik (Jerusalem).

Maurice Katan (Cleveland): 'Dream and Psychosis.'

Martin James (London): 'Observations of Defensive Ego-Formations. Constitution. Accessibility for Psycho-Analysis.'

(iii) *Chairman*: Wilhelm Solms-Rödelheim (Vienna)
Joseph Sandler (London): 'The Background of Safety.'

Leo A. Spiegel (New York): 'The Self, the Sense of Self and Perception.'

(iv) *Chairman*: Paula Heimann (London).

P. J. van der Leeuw (Amsterdam): 'Aspects of Clinical Contribution to the Problem of Early Deprivation.'

(v) *Chairman*: Lawrence J. Friedman (Los Angeles).
Samuel Ritvo and Albert J. Solnit (New Haven): 'The Relationship of Early Ego Identification to Superego Formation.'

Edith Weigert (Chevy Chase): 'Manic Depressive Mood Swings in Søren Kierkegaard.'

Thursday Morning: Plenary Session. Chairman: Elizabeth R. Zetzel (Boston).

Symposium: 'Depressive Illness.' Introduction by the Chairman.

Main Speakers: Sacha Nacht and P. C. Racamier (Paris); W. Clifford Scott (Montreal).

Thursday Afternoon: Plenary Session. Chairman: Elizabeth R. Zetzel (Boston).

Continuation of Symposium on 'Depressive Illness.'

Discussion from the floor.

Thursday Afternoon: Plenary Session. Chairman: William H. Gillespie, President of the I.P.A.

Discussion: 'Evaluation of the Congress.'

4. REPORT OF THE BUSINESS PROCEEDINGS OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

(a) EDITORIAL NOTE

The provisional agenda for the Business Meeting was circulated to all Component and Affiliate

* Published in *Revue française de psychanalyse* 22, 6, 1958, and *International Journal of Psycho-Analysis*, 40, 2, 1959.

Societies before the Congress, but it was not until after the Central Executive had met, on the Sunday before the opening of the Congress, that it was possible to compile the *final* agenda. As agreed at Paris, this agenda was then made available on Monday to all members of the International Psycho-Analytical Association who attended the Congress.

An innovation is the inclusion in an appendix to this Report of a statement of our accounts for the two years. I have also summarized some of the factual information which was submitted by Component and Affiliate Societies for the President's Report; this information includes figures showing the growth of membership and number of scientific meetings held during the years 1957-59. Information concerning research projects, etc., which was also given in these Reports, is being published in this Bulletin in the Report of Scientific Activities of Societies.

In the past, comments and suggestions concerning the form and content of our Congresses were made at Business Meetings. Since at the Copenhagen Congress it was decided to devote a whole session to this topic, it seemed appropriate to include in these proceedings the tape-recording of this Congress Evaluation Session. This discussion has since been followed up by a questionnaire which has been sent round to the Secretaries of all the Component and Affiliate Societies to elicit further comments and suggestions.

(b) AGENDA FOR THE BUSINESS

MEETING HELD ON WEDNESDAY, 29 JULY, 1959

1. Acceptance of report on last Business Meeting at Paris Congress.
2. Names of Members and Associate Members of I.P.A. who have died since last Congress.
3. Report from Central Executive.
4. Reports on Activities of Component Societies.
5. Application for Component Society status: (a) Rio de Janeiro Study Group; (b) Uruguay Study Group; (c) Luso-Spanish Study Group; (d) La Société Française.
6. Proposed Changes of Statutes.
 - (i) That Article V of the Statutes be amended by the addition of the following sentence: 'Any member of a Component Society who has been excused the subscription to his own Society on account of length of membership or age, will also be excused payment of dues to the Association.'
 - (ii) That Article VIII, Paragraph (a), of the Statutes be amended by the addition of the following sentence: 'In addition, the outgoing President shall be a member of the Council for the two years following the termination of his Presidency.'
 - (iii) That an additional paragraph be added to Statute VIII, to read as follows: (d) 'Congress may, on the recommendation of the

Central Executive, elect an Honorary President and one or more Honorary Vice-Presidents to hold office for life. Such honorary officers shall be honorary members of the Central Executive, without voting powers.'

7. Consideration of the following resolution together with recommendation from Executive: 'That Heinz Hartmann be nominated by the Central Executive to the position of Honorary President of the Association and that this nomination be voted on at the Twenty-First Congress by Members of the Congress.'
8. Treasurer's Report.
9. Freud Archives Report.
10. Proposal by Dr W. R. Bion and Mr R. Money-Kyrle that the International Psycho-Analytical Association institute a Sigmund Freud Prize.
11. Site and Date of next Congress.
12. Elections of President, Vice-Presidents, Treasurer, and Secretary.
13. Votes of thanks.

(c) PROCEEDINGS OF THE BUSINESS MEETING OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION
Wednesday, 28 July. Morning. Chairman: Dr W. H. Gillespie.

Chairman: Ladies and Gentlemen: I now call this Business Meeting to order. Before we pass on to today's business, may I enquire whether there are any comments on the report of our last Business Meeting in Paris in 1957, published in the 113th Bulletin. If there are no comments, then I assume that the Report is accepted by this meeting. Thank you.

Our first and painful duty is to note the names of the Members and Associate Members of the International Psycho-Analytical Association who have died since our last Congress. I shall read you now the list as supplied by our Component Societies. From the American Psychoanalytic Association: Edward Hitschmann, Sophia Mirviss, Charles Otchin, Abraham Fabian, Philip Lehrman, Lewis Hill, Sylvia Allen, Emil Oberholzer, Sidney Klein, Adolph Stern, Minna Emch, Irving Sands, Emil Froelicher, Clara Thompson, Leo Berman, Edward Bibring, Leonard Blumgart, Edward Reede, and Ernest Jones, who was an Honorary Member.

From the Belgian Society: Fernand Lechat.

From the British Society: Cyril Wilson, Maida Hall, Ernest Jones, Oscar Friedmann.

From the Dutch Society: Hans Lampl.

From the German Society: Carl Müller-Braunschweig, Gerhard Ruffler.

From the Swiss Society: Maurice Emery, Christine Olden, Hans Christoffel.

From the Viennese Society: Felix Schottländer, Alfred von Winterstein.

I will ask you now to stand in honour of the colleagues we have lost by death. Thank you.

Report of the Central Executive

The next item on our agenda is the report from the Central Executive which I will now communicate to you. At our meeting we discussed various problems that have arisen in relation to some of the Statutes. These have not been extensively revised since Dr Jones drafted them in 1949. It was felt that it might be useful to set up a working party or committee to consider the Statutes and make recommendations to the Central Executive concerning any revision that seems to be called for. As you will have noticed, some changes in the Statutes are in fact being proposed today. We have had the statutory period of at least 28 days' notice of these proposed changes. They are concerned mainly with regularizing decisions which have already been made by previous Congresses; for instance, it is proposed to have a new Statute authorizing the appointment of an honorary president and one or more honorary vice-presidents, appointments which we have actually made in the past but without statutory authority. Since these are permanent appointments, not subject to re-election at successive Congresses, it seems proper to follow the precedent set up in this matter by Dr Ernest Jones when Honorary President, namely that such honorary officers, whilst contributing very valuably to the deliberations of the Central Executive, should not have voting powers on the Executive. That means, of course, only on the Executive; they have voting powers as members, naturally, in the Business Meeting.

The Central Executive also discussed extensively the question of the criteria we should use in deciding on the recognition of new Study Groups and Component Societies. Such decisions cannot be based merely on a counting of heads and on the application of rules of thumb, although it is useful to have certain minimal requirements as a preliminary yard-stick. But there are also very important, imponderable factors to be considered, and the Central Executive is of the opinion that it may be advisable in some cases to appoint representatives to visit the country in question to carry out enquiries on the spot, and to report back to the Central Executive. We felt that such visits might well have an important constructive value in helping new groups to formulate their plans for training. This will involve financial expenditure which cannot reasonably be borne by the representatives themselves, but should be met by the Association, possibly with some assistance from the local groups. It is therefore possible, or probable I should say, that the Central Executive may ask for an increase in dues in order to implement these plans, but we are not asking for any increase just now.

Finally we discussed the procedure for the conduct of this Business Meeting, and you have all received a memorandum concerning the interim plans that we have made for this (see Appendix I, page 189).

Reports on Activities of Component Societies

We pass on now to the reports we have received from our Component Societies. It will be possible to touch on only a few of the matters that have been reported to us (see Appendix II). The American Psychoanalytic Association, by far the largest of our Component Societies, continues to add to the number of its members, which has increased by 52 to the figure of 807. Their main research project has been a very thorough survey on psycho-analytic education carried out by Dr Bertrand Lewin and Miss Helen Ross. There are now 19 Affiliate Societies of the American Association. Since our last Congress, the Cleveland Society and the Seattle Society have been added to the list. The Boston Society and Institute have been engaged on numerous research and other projects, as have the Chicago Institute and the New York Institute. The Psychoanalytic Association of New York reports a remarkable increase in membership from 25 in 1957 to 45. The Society for Psychoanalytic Medicine of Southern California is carrying out a number of clinical research projects. The Philadelphia Association has undertaken a reorganization of the Institute with division of the work amongst various directors and committees.

The Canadian Society, which became a Component Society at our last Congress, began its first courses of lectures and seminars in April, 1959, and has 11 students in training.

The Mexican Association, likewise admitted to Component Society status at our last Congress, is also actively engaged in training, with 17 students, besides a social research and publication programme.

Passing to South America, the Argentine Association is still undergoing rapid expansion; with rather more than 60 members and associates, they have 82 students in training. Their members have taken an active part in several Congresses, including, of course, the second Latin-American Psychoanalytic Congress in São Paulo last year. Several scientific groups are at work on such subjects as psychosomatic medicine, technical problems, etc. New rules were approved for the Institute.

The Brazilian Society in São Paulo were the hosts for the second Latin-American Psychoanalytic Congress which I was privileged to attend. The training programme there is also active with 21 students. A training institute affiliated with the Society was constituted this year. As you know, a Study Group in Rio de Janeiro was recognized by us in Paris under the sponsorship of the Brazilian Society. In addition, we have an independent Component Society in Rio de Janeiro, which, with 14 members and associates, has 27 students. The training has been supplemented by lectures and supervision work by analysts from the Argentine. The Society has participated in numerous congresses, including the Latin-American one in São Paulo. A Polyclinic has been started where much of the work is done in groups. Students who have completed their training

in the methods of individual psycho-analysis are also given the opportunity of experience in group analysis. The third Latin-American Psychoanalytic Congress will be held in Santiago in January 1960, under the patronage of the Chilean Society. Their membership appears to have diminished, with four full members and three associates, but the number of students has risen from 19 to 26.

I now turn to the European Societies. The Belgian Association with 11 members and associates has 17 students and has held several meetings and seminars. The 20ème Congrès des Psychanalystes de Langues Romanes was held in Brussels last year under the auspices of the Paris Society, with which there is a close relationship.

The British Society is undertaking an important expansion of its child department, and building is to start this summer. The number of students has risen from 57 to 77.

The Dutch Society has established the 'Foundation Psycho-Analytic Funds', which aim to offer extra financial help to the activities of the Institute so as to enable a larger social group to profit by them through training, treatment and research.

The German Society reports an increase in the number of full members to 18; there are also 18 associate members, and an increase in the number of students. The Society took an active part in the meetings in Hamburg organized by the members there, and attended by English, Swedish, and Swiss analysts, as well as in the meeting of German-speaking analysts in Salzburg.

The Italian Society reports the holding of a considerable number of scientific meetings. The satisfactory integration of the Society, however, continues to be a problem, partly for reasons of geographical separation, partly because certain differences of opinion and of approach to training continue to exist.

The Paris Society reports a large increase in the number of students, from 83 to 144. It was under the auspices of the Paris Society that the Congrès des Psychanalystes de Langues Romanes was held in Brussels in February, 1958. A Séminaire de Perfectionnement was held in May, 1958, intended especially for more isolated students and analysts, and another such seminar will be held this autumn. Members of the Paris Society have played an important part in the training of the Luso-Spanish Study Group in collaboration with members of the Swiss Society which is the sponsoring society.

The Swiss Society reports also steady continuation of its regular work.

The Viennese Society celebrated its 50th anniversary on 15 April, 1958. In addition to the appropriate festivities, a meeting of training analysts from Switzerland, Germany, Holland, Yugoslavia, and Austria was held, at which a central European scientific training week was decided on, to begin in Spring, 1959.

Passing to Asia, we hear from the Israel Society

of a change in policy in that applicants for training who do not possess a medical degree are accepted only for practice with children and adolescents. The Society has 16 members, 9 associates, and 28 students.

The Japanese Society has 32 members, 9 associates, and 4 students. The Society has held a symposium about the special problems of training in Japan. The Japanese Society as a Component Society of the I.P.A. has been officially separated from the Japanese Psycho-Analytical Association, a large organization, which contains many members who are not trained psycho-analysts.

No reports were received from a small number of our Component Societies in response to our enquiries.

Applications for Recognition as Component Societies

We come now to consider the applications which we have received for the recognition of new Component Societies. You will see the list of them on your agenda. First, we have an application from the Rio de Janeiro Study Group which is under the sponsorship of the Brazilian Psychoanalytic Society of São Paulo. The sponsoring society recommends that we should confer independent status on this group. The Central Executive supports this recommendation and proposes to you to accept this group as a new Component Society. Unless anyone wishes to discuss this matter we will proceed now to a vote by cards. I will read you the list of the persons we have appointed as tellers for the elections. Dr Bowlby of London, Dr Lois Munro of London, Dr Lebovici of Paris, Dr Vanggaard of Denmark, Dr Murray of the American Association, Dr Zetzel of the American Association. Will you please vote by showing your blue voting cards.—The proposal of the Central Executive is accepted unanimously. I welcome this new Component Society into our Association, and I must ask them to find a name for themselves, because it cannot be the Rio de Janeiro Society, which is already pre-empted.

Now we pass to the second application, from the Uruguay Study Group of Montevideo, a group which is under the sponsorship of the Argentine Association. The Argentine Association has recommended their acceptance as a Component Society. However, on the evidence submitted to them, the Central Executive reached the conclusion that whereas the present arrangement, under which the Argentine Association provides general assistance for the training in Montevideo, is a satisfactory arrangement for training, it is too early for the withdrawal of such support. Accordingly, the Executive recommends that this application be not accepted now, and recommends that the matter should be deferred until the next Congress. I ask you to indicate whether you endorse this recommendation. Does anybody wish to discuss the matter first? Dr Garma.

Angel Garma, Argentina: (Speaks in Spanish.)

Dr Garma describes the development of the Montevideo Group which started a long time ago and has been training psycho-analysts for more than 10 years. Montevideo and Buenos Aires being situated close together, communication is easy and quick, and people from Montevideo can easily go to Buenos Aires to get training. In 1954 two members of the Argentine Association were sent to Montevideo in order to start work there. Description of the training of Mr Baranger who began to carry out analyses in 1951. In Dr Garma's opinion there would be few groups who have carried out as good work as the one in Montevideo. The members of the group come regularly to meetings and it issues a journal which has now been in publication for two years. Dr Garma feels the application of the Montevideo group should be strongly supported.

Chairman: Thank you, Dr Garma. I think before we proceed it might be advisable for me to give you a little information about what led the Central Executive to this decision. The sponsoring society, the Argentine Association, does recommend this acceptance, and they gave us data about the members of the group, but these data did not contain what I felt were one or two essential points, so I wrote a letter to Dr Garma on 9 June, 1959, saying that 'there is one point on which further information may be asked for. It is clear that a great deal of the personal (didactic) analysis has been carried out by Mr W. Baranger. I think it likely that some people will want fuller details about his credentials as a training analyst. You state that he is a full member of your Association, but it is not clear whether he was recognized as a training analyst by the Argentine Association when he went to Montevideo in 1955, I think; or, if not, whether he was so recognized at a later date. I think that if you could let me have some details about his own training this would be helpful. With regard to the other students mentioned, who are not yet being recommended as associate members, I note that some of them are having didactic analysis with Mrs Madeleine Baranger. It is therefore also relevant for us to be informed about her status as a training analyst; as she was evidently not elected to full membership before May 1959 I assume that she is not yet recognized as a training analyst.' Now, Dr Garma passed over this letter to Dr Marie Langer who had since become the President of the Association, and I had a letter from Dr Langer dated 27 June, 1959, which states that 'Mr W. Baranger went to Montevideo in 1954; he was at that time an associate member of our Association, he was elected full member the following year, 1955. In 1957 he was appointed training analyst through his having fulfilled our requirements to become a didactic analyst and because we regard him as a very capable worker, and furthermore in order to help in his didactic work in Montevideo, which he was, in fact, carrying out most efficiently. Hence, from a merely formal point of view, W. Baranger was performing his work in Montevideo as a simple full member.' Now Dr

Langer said in the previous sentence that he had been appointed a training analyst, so I do not know what she means by saying that he was a simple full member. Could you explain that point first, Dr Garma?

Angel Garma, Argentina: (Speaks in Spanish.)

Chairman: Thank you very much, Dr Garma, I think you have made that matter clear. As I understand it, he was a training analyst in Montevideo but not in Buenos Aires. Well, if I may, I will continue this letter from Dr Langer. There is a general paragraph here which I do not think I need to read. I go on to the next paragraph. 'The problem of Mrs Madeleine Baranger's analysands is a different one. They are beginners who were surely included in the report in order to show all the work, both finished and planned, but they cannot be formally recognized as candidates until their analyst has complied with the demands for didactic work.' Now, that appears to me to be a quite clear statement that Mrs Baranger was not a didactic analyst, and that is what the Central Executive based their decision largely on, and this is the official reply which I got from the President of the Argentine Association, Dr Langer.

Willy Baranger: Je crois que la réponse du docteur Langer repose en fait sur un malentendu. Lorsque le groupe d'études Uruguay a été reconnu comme tel par la I.P.A., il a été reconnu avec deux analystes en fonction didactique, c.-à.-d. deux 'training analysts.' Ceci était à peu près évident. La confusion convient de ce que le docteur Langer vient de prendre ses fonctions de président de l'Association Argentine, et n'est pas exactement au courant de la situation telle qu'elle se présentait au dernier congrès de Paris, et telle qu'elle s'est présentée pendant la présidence du docteur Garma. Je pense que, s'il était possible de consulter la docteur Langer, elle serait absolument d'accord avec ce qu'a dit le docteur Garma maintenant. Il n'y a pas donc de contradictions de fond entre la position du docteur Garma et la position de la docteur Langer, mais simplement un malentendu qui forme la réponse. C'est tout.

Chairman: Thank you. Does anyone else wish to speak on this subject? If not, I think we can proceed —Dr Briehl.

Walter Briehl: My name is Walter Briehl of the Society for Psycho-Analytic Medicine of Southern California. I would be in doubt how I should vote and I wonder whether I could vote in as much as there is so much confusion on this problem. To me, it seems that there must be further correspondence for clarification on this issue before it is presented to us as members of the general audience. Thank you.

Chairman: I think there is one point that perhaps I should make here, and that is, from the point of view of the Central Executive, we expect that a training analyst in a study group should be of the same status, the same requirements should be made of him, as would be required in the parent society. Now, it is quite clear that this is not the case here,

that the two training analysts in Montevideo are regarded as suitable people to do the training in Montevideo, but would not be so regarded in Buenos Aires, or so it seems, and I think that is an unsatisfactory position from the point of view of the International Association. It seems to me that what Dr Briehl has said is very true, that we cannot really make a decision, or at least not make a positive decision, on this here and now. If further facts are produced between this and the next Congress, it is open to the Central Executive to grant provisional recognition, if a case can be made. Otherwise, we can postpone a decision until the next Congress, when no doubt the situation will be very much more favourable from the point of view of acceptance. I think the time has now come to take a vote on this, and you know what the recommendation of the Central Executive is. I will now take a card vote.—It is quite clear that the vote is overwhelmingly in favour of rejection. Thank you. There were about 11 votes in favour of acceptance, and a hundred odd in favour of rejection.

Now we pass to the third of these applications, the Luso-Spanish Study Group. The Luso-Spanish Study Group of Spain and Portugal under the sponsorship of the Swiss Society applies for Component Society status. The application is supported not only by the Swiss Society, but also by a number of members of the Paris Society who have taken an active part in the training of the members of this Group. The Central Executive has agreed that this Group is now ready for independent status, and recommends their acceptance. Does anyone wish to discuss this matter, otherwise we shall proceed to a vote? I am subject to correction, I believe there are three training analysts in this Group, two of them in Barcelona, and one of them in Lisbon. These have, I believe, all been working as training analysts in Switzerland already. I do not know whether Dr de Saussure would like to say anything on this point?

Raymond de Saussure, Geneva: (As Dr de Saussure did not speak into a microphone his speech was not recorded.)

Chairman: Any other discussion? Then I will take a card vote. There is a unanimous vote in favour of acceptance. (*Applause.*) I have much pleasure in welcoming the Luso-Spanish Society as a Component Society of our Association. (*Applause.*)

Now we pass to the fourth and the final application. About two or three weeks ago, we received an application for affiliation from the Société Française de Psychanalyse, signed by Dr Lagache as Vice-President. Now, although this application was in some ways very fully documented, the Central Executive reached the opinion that it is impossible at such short notice and in the absence of certain essential information to reach a fair decision on this application without much more prolonged consideration. It was decided by the Central Executive to recommend the appointment of a small committee to make further enquiries on the spot, and to report

their findings to the Central Executive. Should the report of this committee, which has not yet been appointed, be unequivocally favourable, without any doubt at all, then it will be open to the Central Executive to grant provisional recognition before the next Congress. Otherwise, the matter must be deferred to our next Congress, which must, of course, in any case make the final decision. So the decision of the Central Executive in this case is to defer a decision. Does anyone wish to discuss this?—I will now take a card vote on this recommendation.—Thank you, carried unanimously.

Proposed Changes in Statutes

We come now to the proposed changes in the Statutes. The following three changes are recommended to you by the Central Executive. The first proposed change of Statutes is that Article V of the Statutes be amended by the addition of the following sentence: 'Any member of a Component Society who has been excused the subscription to his own society on account of length of membership or age, will also be excused payment of dues to the International Association.' This proposition, or at least the theme, was put forward by the American Psychoanalytic Association, which had introduced such regulations about remission of payment of dues, and they suggested that the International might like to fall into line with them over this, and it seems to us that the best plan would be to make it a general ruling according to which the International would simply adopt the same principles as any of its Component Societies in this matter. It is very obvious that if a society is not, in fact, receiving a subscription from someone, it is rather hard to expect them to hand on what they have not received, namely the subscription to the International. May we have a vote about this amendment to the Statutes?—That is a unanimous acceptance of this amendment. Thank you.

Now we come to the second proposed change, that Article VIII, paragraph (a) of the Statutes be amended by the addition of the following sentence: 'In addition, the out-going President shall be a member of the council for the two years following the termination of his Presidency.' Some of you will remember that this was put to you at the Paris Congress and was carried at that time, but it had not been given the statutory period of 28 days' notice, and therefore it was not legally binding according to the Statutes, so we are putting it up to you again. This time the proposed alteration in the Statutes has had the necessary 28 days' notice, and I ask you now to vote on this proposition.—I declare it carried unanimously.

And now we come to the third proposed change of the Statutes: this reads as follows: 'Congress may, on the recommendation of the Central Executive, elect an honorary president and one or more honorary vice-presidents, to hold office for life. Such honorary officers shall be honorary members of the

Central Executive without voting powers.' This is a new idea as far as the Statutes are concerned; the Statutes have never mentioned honorary officers. And yet, of course, we have had them ever since Dr Jones was made Honorary President at Zurich in 1949. So here again we are trying to make the Statutes conform with our practice. Does anybody wish to discuss this proposal before we proceed to vote on it? Then we shall proceed to vote.—I think I may declare that an overwhelming majority, but not a unanimous one.

These three changes in the Statutes are now formally adopted by the Association (see Appendix III).

The Election of an Honorary President

Now we pass on to item 7. We have a resolution which has been signed by about 20 members, and is recommended to you by the Central Executive. It reads as follows: 'That Heinz Hartmann be nominated by the Central Executive to the position of honorary president of the Association and that this nomination be voted on at the 21st Congress by members of the Congress.' (*Applause.*) Your opinion on this is very obvious indeed, but I think we have to observe the formalities, and I would like to say that it seems to me that this resolution is double-barrelled, so to speak, it contains two parts. The first part implies that we actually wish to have an honorary president apart altogether from who it is to be, because as you remember, the Statute which we just passed says that we *may* have an honorary president, it does not say that we *shall* have an honorary president. It is a permissive Statute. Therefore, I think the first thing we shall do is to vote on the issue, do we in fact want to have an honorary president, apart altogether from Dr Hartmann. May we have a vote on that. Those who want to have an honorary president—there seem to be a lot of them, I do not think I will bother to count them. May we have those who do not want to have an honorary president.—None.

David Brunswick, Los Angeles: If we elect Dr Hartmann as honorary president, he would not have a vote on the Executive. Would that prevent him from being elected a regular member of the Executive with a vote, because I think we would want to keep Dr Hartmann as an active member of the Executive, and although I would very much like to have Dr Hartmann as honorary president, I still would like to have him as an active member of the Executive, so there is the conflict.

Chairman: If I may answer that, I may say that Dr Hartmann is, and I am sure, always will be an extremely active member of the Executive, just as was Dr Jones. Dr Jones always insisted on the fact that he had no vote, but that by no means kept him quiet on the Executive, and there is no question at all that he had as much influence as all the members of the Executive together. I think we may hope for the same from Dr Hartmann. There is nothing whatever to prevent Dr Hartmann from being elected as a

vice-president or to any other office in addition to being honorary president, as far as I can see.

Now then, the next thing is to proceed to the other part of this, and I am a little embarrassed here, because really you have elected Dr Hartmann by acclamation already, and yet the resolution says that this nomination must be voted on at the 21st Congress by members of the Congress. According to the procedure which we have adopted for this business meeting, voting for an office must be by ballot, not by show of cards.

William Murray, Boston: Mr President, would it be legal for the Secretary to cast one ballot for Dr Hartmann indicating the unanimous election?

Chairman: You mean that the Secretary should sign the ballot paper and everybody else should abstain? That would be a very queer sort of election.

William Murray, Boston: This is a motion on the floor empowering the Secretary to do the balloting for the group.

Chairman: And how are we to know whether the floor accepts it or not without taking a vote? Shall we vote on this motion by cards? All right. Is anybody seconding this motion?—And those against it?—6 against. I think this is a highly irregular procedure, and as there are quite a number of people voting against, though obviously a minority, I do not think we can do it, frankly. I think we have to take the ballot vote. Will the tellers please distribute the ballot papers.

The Treasurer's Report

Now, while the counting of the ballot is going on, I think we might continue with our business, and the next item on the agenda is the Honorary Treasurer's Report. I now ask Dr Phyllis Greenacre to make her Treasurer's Report, please.

Phyllis Greenacre, New York: The following is a summary of the financial accounting of the last two years. We began in July, 1957, with a balance of 1313 dollars. This was increased during the two years by 15,854 dollars and 71 cents, due mostly to the collection of dues; there are a very few small additional items. This brought the total income to 17,168 dollars and 15 cents. Our expenses were 8013 dollars and 35 cents. There were no really extraordinary expenses, the balance is 9154 dollars and 80 cents. A more detailed and itemized report I have given to Miss King, where it can be consulted (see Appendix IV). Thank you.

Chairman: Thank you very much, Dr Greenacre. As you will observe, our finances are in a much healthier condition than they were two years ago, but we must not think that we are becoming millionaires because we have 9000 dollars in the bank. In fact, as I pointed out before, we do intend to spend quite a lot more money than we are in the habit of doing on such things as making visits to societies, where we want to conduct enquiries, and such like, and it is quite likely that we shall in fact spend more than the 9000 dollars and have to ask you for an in-

crease in dues, as I mentioned before. Now, may I ask you to give a very hearty vote of thanks to Dr Phyllis Greenacre for the great work that she has done for these two years. (*Applause.*)

Freud Archives Report

And now we may pass on to the report on the Freud Archives, and I ask Dr Kurt Eissler to speak.

Kurt Eissler, New York: As at previous Congresses, it gives me pleasure to thank those of you who have been kind enough to continue to support the Archives by sending in a few letters written by Freud which have been found during the last two years, and sending newspaper articles that were of interest to the Archives. Not much has happened in the meantime; the main effort of the Archives goes now to prepare the material to be conveyed to Congress and to transcribe numerous interviews. May I thank you.

Chairman: I must ask you again once more to record our gratitude to Dr Kurt Eissler for the very fine job he continues to do on the Freud Archives. (*Applause.*)

Proposal to institute a Sigmund Freud Essay Prize

We pass now to item 10, and this is a proposal put forward by Dr Bion and Mr Money-Kyrle that the International Psycho-Analytical Association institute a Sigmund Freud Prize, and I will ask Mr Money-Kyrle to speak to this proposal, please.

Roger E. Money-Kyrle, London: Dr Bion who, owing to a recent illness, has been unable to come to the Congress himself, has asked me to make the following proposal on his behalf: 'That this International Association should inaugurate a prize for a clinical essay, and that it should be called the Sigmund Freud Prize.' The intention is that it should be recognized as the highest award for the most outstanding work in clinical psycho-analysis, and that its prestige as such should, as far as possible, be maintained under the auspices of the I.P.A. In accordance with its intended status, Dr Bion further suggests that the prize essay should not only be published in the *International Journal of Psycho-Analysis* but might also, if thought fit, be discussed at one session at the international conferences. In general, therefore, an award would be made once in every two years, or to allow some flexibility, not more than five in ten years. As to the conditions of the award, Dr Bion proposes: (1) that it should be open to and only to analysts qualified by a training institute recognized by the I.P.A.; (2) that the essay is based on work done in the psycho-analysis of a patient, and that any help obtained should be explicitly stated. He also has suggested two further conditions: (3) that the work shows that the psycho-analytic technique employed shares the characteristics common to all scientific methods in any other recognized scientific disciplines; and (4) that the work is related to therapeutic effect.

With regard to the judges, Dr Bion's proposal is

that these should be appointed by the I.P.A. President with the advice of any two members of the I.P.A. who are or have been Presidents of a psycho-analytical society recognized by the I.P.A., or editors of a psycho-analytical journal recognized by the I.P.A. Three judges are suggested, and in order to secure continuity, it is proposed that they should undertake, if possible, to fulfil their functions for a minimum of six years. The judges' decision should be final, and no reasons for it should be given except to the President who should treat such reasons as confidential.

So far, I have been keeping very close to the notes that Dr Bion gave me except for a little alteration in the order. In supporting it I will now add a word or two on my own behalf. In discussing this with a few of my colleagues, I found that there was a good deal of general sympathy coupled with a number of criticisms of detail. Now, I think one would expect general sympathy at any rate with a proposal which emphasizes the double link between psycho-analytic theory and clinical practice which provides our data, and which embodies our aim: to help the patient by helping him to see the truth about himself. As to specific objections, the one I have heard most stressed is that there would be very great difficulty in getting agreement about what judges to appoint. That seems inevitable. Because of our theoretical differences, there might be quite a large section of this society who would feel that their own particular point of view had not been sufficiently represented. But although unavoidable, I do not really think that that is an insuperable objection, provided that there are facilities for discussing the prize essay, either in the journal or, if it were possible, at a meeting at the Congress, because it is by discussing a detailed clinical paper that there seems to me the best chance of getting a greater measure of agreement than we have now.

Lastly, I would only say this. I do not think that one could expect that a rather complicated proposal of this kind could go through straightaway as it is, at a meeting like this. But I would hope, at least, to obtain general sympathy for it in principle, and then perhaps some committee should be appointed, of which I hope Dr Bion could be a member or at least have access to it, which could go into the details.

Chairman: I think I might say at this point that the Central Executive was aware of this proposal and did consider it at its meeting on Sunday. Now, whilst appreciating the fact that the proposers expect important benefits to analysis from the institution of such a prize, the Executive believe that there might be grave disadvantages and difficulties, and these make them disinclined to favour the proposal. Miss Freud in particular is opposed to this proposal, at least in its present form. I think perhaps Dr Hartmann might like to say something on this subject.

Heinz Hartmann, New York: I think that we all agree with the idea in itself, and that it might be considered, but as to the details there are some which

seem to me rather controversial. First of all there is a point made by Miss Freud that we should not designate such a prize as a Sigmund Freud Prize, because this of necessity would imply an official recognition which it may not be for us to convey to anyone. The other point is whether it will be possible to select a group of judges. These are her arguments as I remember them.

Chairman: Does anyone else wish to take part in this discussion? Dr Winnicott.

Donald Winnicott, London: I have nothing much to add to what has been said about this, but when the proposal was put to me by Dr Bion and Mr Money-Kyrle it seemed to me as if it contained something which the I.P.A. might like to follow up in some form or other. I quite see that there are objections, and it is obvious, I think, that such a proposal would not stand unless it was absolutely approved in the Association, because it is linked with the name of Sigmund Freud. Possibly something of it is good, in this idea of a prize for senior members, something really which would recur and be seriously an attempt, I think, on our part, to assert our position as scientists, because it seems to me that if we really cannot find judges who will be able to work on the basis of a scientific appraisal of a paper, then we have to admit that we have not yet got very far in linking ourselves with science. It seems to me, therefore, that there is something in this proposal which could be retained and rediscussed and perhaps proposed again in a different form next time, and I would very much like not to see it altogether lost.

Chairman: It seems to me that Mr Money-Kyrle himself does not want us to make a decision on this proposal at this point, and I am sure that is wise. I wonder if the case will be met if we said that the Central Executive would discuss it with him and with Dr Bion and see if some arrangement could be arrived at. I think it might be useful, however, at this point to take the feeling of this meeting on the subject; if, for example, there turned out to be an overwhelming majority who favour the scheme or an overwhelming majority who are against it, that would be very helpful to know. Do you agree that we should take such a vote? It is quite understood that this is not a binding vote in any sense at all. All right, then, would you please show cards; those who are in favour of this proposal in general, not necessarily with the name of the 'Sigmund Freud Prize'. Now, this really requires counting. We might change the name, you see, to get over that objection, not call it the Sigmund Freud Prize.—

Now, may we have those voting against the whole idea.—Dr Lantos would like to say something, but in the meantime may I announce the result of this vote, which is a fairly close thing, 92 in favour and 69 against. So the opinion is very much divided.

Barbara Lantos, London: I should just like to say I understand that it was not a binding vote, but more than that, I really think there was some misunder-

standing of what we voted for or against, for it was very essential in this proposition that it was called the Sigmund Freud Prize, and if we change that, then it is a general proposition for a prize, not named the Sigmund Freud Prize. That is really a very different proposition, and I do not know how far that was clear to all of us when we voted. That is all I wanted to say.

Chairman: Thank you, Dr Lantos, that is a very important point that you have made. Now, Mr Masud Khan would like to speak.

M. Masud R. Khan, London: I think what we would like to hear from Mr Money-Kyrle is in what way this prize is going to be different from the three prizes available, one by the *International Journal*, which is open to the whole International, second by the *Journal of the American Psychoanalytic Association*, and the third, I think, which is also offered by the Menninger Clinic—I am not quite sure about it. As Dr Lantos points out, we should be in a position somehow to ascertain what will be the relation of this prize to the other prizes that do exist.

Chairman: Mr Money-Kyrle wishes to speak again.

Roger E. Money-Kyrle, London: I only want to add to what Dr Lantos has said so that everyone is clear what he is voting for or against. What you are voting for is that there should be general sympathy with something along these lines, which the Central Executive should be asked to think about. What you are voting against, if you vote against it, is not necessarily the proposal as specifically outlined here, because I think that Dr Bion and certainly myself would willingly consider the criticism you have made; for instance there have been arguments against the suggestion that the prize essay should be read at a meeting of the Congress. But I do not think this was an essential part of the proposal, it was merely a suggestion. Thank you.

Maxwell Gitelson, Chicago: (Speaks from audience and can therefore not be heard.)

Elizabeth Zetzel, Boston: We have already taken a vote on an expression of an opinion, and this vote, if people were in doubt as to what it was about, the doubt should have been expressed before the vote was taken, and I would like to suggest that this discussion is now out of order.

Chairman: I think that I agree with Dr Zetzel. I think the discussion has proceeded quite far enough to give us an idea that opinion is fairly evenly divided on this issue, and that it should be further discussed with the Central Executive before anything more is done.

I am happy to say that we now have the opportunity to announce to you the result of the voting on Dr Heinz Hartmann as Honorary President. The votes are as follows: 173 for, 11 against, and 13 abstentions. (Applause.)

Heinz Hartmann, New York: Colleagues and friends: I have to tell you how grateful I am to you for honouring me in this way, it has for me a very deep and special significance. It will allow me for

the rest of my life to participate in formulating the principles that guide the actions of this Association which is close to my heart. And to mention only one second point; it gives me the great comfort to feel that the day-to-day work of the Association and the heavy burden of decisions is not to be done by the Honorary President, but by the actual President and our Honorary Secretary. Thank you so much.

Site and Date of next Congress

Chairman: The next item on the agenda concerns the site and the date of the next Congress. Now, the site is a little difficult, so we might discuss the date first. In the past, it has been more or less assumed that the Congress must be held about the last week of July or the first week of August. We in London thought that our American colleagues insisted on that. I have had several conversations here, and it appears that this is by no means the case, and that many Americans would be much happier to have it at the end of August. (*Applause.*) Now, what I am suggesting is that you should give us the freedom, as it were, to use the end of August or the end of July or the beginning of August, in other words, give us some freedom of choice. Various suggestions have been made for the site, such as Barcelona, Lisbon, Edinburgh, or some other place in Britain. But we have not really got any very firm proposition. Frankly, I do not think that we know yet where it ought to be, and if you are willing to leave it in the hands of the Central Executive to ponder over for the next month or two, and then inform you as soon as possible, I think that really would be the best arrangement. Is that agreeable to you? (*Applause.*) Does somebody want to speak about this? Again, I must stress that this, of course, is not going to be binding.

(There followed a discussion of various possible sites.)

The Election of the Central Executive

I think we should pass on to the election of the Central Executive. The first election is that of the President, and I will ask Dr Hartmann to take the chair for the election of President.

Heinz Hartmann, New York: This is actually only a communication. The only nomination for President was that put forward by the Committee appointed for the purpose, that is Dr Gillespie. As there were no other nominations inside or outside the Committee, I hereby declare Dr Gillespie elected for the second time President of the Association. (*Applause.*)

Chairman: I wish to thank you with all my heart for this great honour that you have done me. It seems to me that to elect someone as President for the first time is an act of faith, to elect him a second time is a real vote of confidence, and I appreciate it very much. (*Applause.*)

The next item is the election of Vice-Presidents. In this case, this is a real election, because we have

8 nominations for 7 places. The Central Executive decided that we should have 7 Vice-Presidents this time instead of the former 6. So you may vote for as many as 7 people out of 8. You have to vote for anything up to 7, you do not have to vote for all 7, but you have the power to vote for 7. The list is as follows: Grete Bibring, Ruth Eissler, Anna Freud, Maxwell Gitelson, Willi Hoffer, J. Lampl-de Groot, Sacha Nacht, and Raymond de Saussure. It is going to take a little time to do this counting, and I propose that we now proceed to the next business, which is the election of Honorary Treasurer, and this is a purely formal election, because we only have one nomination, Dr Phyllis Greenacre, who has agreed to stand, and so I declare Dr Phyllis Greenacre re-elected as Honorary Treasurer. (*Applause.*)

And the next item is the appointment of Secretary which, as you know, is made on the recommendation of the President, but which has to be accepted by the Congress, and I need hardly say that I wish to re-appoint Miss Pearl King. (*Applause.*) And I think I can assume from your applause that you approve.

The results of votes for Vice-Presidents are as follows: Grete Bibring, 137; Ruth Eissler, 130; Anna Freud, 172; Maxwell Gitelson, 163; Willi Hoffer, 158; J. Lampl-de Groot, 153; Sacha Nacht, 113; Raymond de Saussure, 118. So as the result of this ballot I declare the following elected as Vice-Presidents: Grete Bibring, Ruth Eissler, Anna Freud, Maxwell Gitelson, Willi Hoffer, J. Lampl-de Groot, and Raymond de Saussure (see Appendix V). (*Applause.*)

Votes of Thanks

Before we proceed to votes of thanks, I would like to suggest to you that it would be appropriate if this Congress were to send a formal message to Mrs Ernest Jones thanking her for coming here and for making the presentation of the advance copy of Ernest Jones' autobiography. Do you agree? (*Applause.*)

I think we can proceed now to the very pleasant topic of votes of thanks, and first and foremost we owe a tremendous amount to our Danish hosts, and particularly to Dr Vanggaard (*applause*), who had the courage to invite us here and has carried out his task with the most noble self-sacrifice and the most tremendous energy. In addition, we want to thank all the other Danish colleagues who have helped him in this (*applause*), and including the voluntary assistants who have done so much in particular to make this meeting a success (*applause*). But I think that a very special vote of thanks is due to Mrs Philipson who has organized this Congress (*applause*). Now, the next people who should be given a vote of thanks I think are the Programme Committee, and I mean by that both the London Section of the Programme Committee, and the Corresponding Members who gave us most valuable assistance from all the quarters of the world. I propose a vote of

thanks to the Programme Committee and especially to the Chairman, Dr Willi Hoffer, and the Secretary, Dr Paula Heimann (*applause*). And next I would like you to record your appreciation of the valuable work that has been done by our Secretary, Miss King, who is perhaps, what I may call the kingpin of this Congress (*applause*). Now, I think somebody from the floor would like to make another proposal of a vote of thanks, am I right?

David Brunswick, (Los Angeles): Dr Gillespie might have done that from the platform, but since he has called on me, I think we owe a great deal of appreciation to both the Burgomaster and the City Council for their very fine hospitality, and the reception they gave us at the Town Hall. (*Applause.*)

Chairman: Unless there is any other business that anyone wants to bring up, I think I may draw this meeting to an end now. Is there anything? Well, thank you very much for your co-operation. Dr Hoffer.

Willi Hoffer, London: Mr President, Ladies and Gentlemen: I feel divided in my mind whether I am right to say a word of thanks and *au revoir* to Dr Nacht who leaves the Central Executive, I hope only for a very short time. I am not quite sure whether I am right in bringing this up here, but it is certainly honestly felt, and I am sure many among you, although the voting has expressed the majority opinion, will join me in my sincere thanks to Dr Nacht for his work in Paris and for the Central Executive and again for what he has done at the previous Congress in Paris, which we shall never forget. I hope we will soon have an opportunity of expressing this actively by bringing Dr Nacht or any of his most able co-workers back into the Central Executive. I hope that he will not mind that I bring this up, as naturally, this must be a disappointment to him, as it must be to many of his friends.

Angel Garma, Buenos Aires: I would like also to propose to thank Dr Gillespie and the other members of the Executive Committee for the beautiful work that they have done in those two years. (*Applause.*)

Chairman: On behalf of the Central Executive I thank you very much for that sign of appreciation, and now I think we may draw this meeting to a close.

(d) PLENARY SESSION: EVALUATION OF THE CONGRESS

Thursday afternoon.

Chairman: Dr William H. Gillespie

Chairman: Well, now, this is the last meeting of this Congress, this is, as it were, our breaking-up party, before we go on holiday. That is a nice way of looking at it, but perhaps I might also say that this is the moment of truth, *momento de verdad*, isn't it? I think the Programme Committee and the Central Executive are like a tired bull with its head bent waiting for the *coup de grâce* from you, the toreros, because this is the meeting at which we want you to express your criticism and your suggestions for something better next time. Before we start I

would like to say that as far as we can see, as far as it is humanly possible to predict at the moment, the next Congress will be in the United Kingdom (*Applause*), but we cannot say exactly where, we think Edinburgh, but we just do not know whether the facilities there are adequate for a congress of this kind. We shall certainly find out as quickly as we can.

Before we go on, I would like to read you a letter which I have received from Dr Lebovici, who unfortunately was unable to attend this meeting. It reads as follows: 'Unfortunately I must leave Copenhagen tomorrow afternoon, and I am unable to participate in the meeting "Evaluation of the Congress". May I indicate two opinions of mine. Interpretation into four languages is unuseful (that is, not useful). It will be enough if the speakers may talk in four languages, English, French, Spanish, German, and if there is an interpretation in two languages, English and French. But in small meetings (this is the important point, I think) each session has to be organized in order that a summary of each presentation is made in French or in English alternatively, either by the speaker or by someone in the audience or by an interpreter. (I understand that Dr Lebovici did this job himself at one of his meetings.) Second, the experience of a discussion of a pre-published paper was rather good, free enough and stimulating. In my own opinion, it would be useful if this paper could be discussed again after plenary session in sub-groups. In fact, we need friendly and free intercommunication. Sorry about not being able to be present at the meeting.' It seems to me that Dr Lebovici has already started off two or three important topics, and before throwing this open to discussion, I would like to suggest some of the topics that we do want to hear about. We want to hear about all the others that you have on your mind, but these we would particularly like to hear about apart from that. First of all, the question of interpretation, whether you agree that interpretation into and out of four languages is excessive; as I pointed out to you before, it is excessively expensive. Would it not be good enough to interpret into English and French and out of all the four languages? The second point, we would like to hear your opinion on the experiment we made this year with a pre-published paper followed by discussion, and whether you feel that that was a successful way of organizing it, or whether something else would be more advisable, I mean something else along the same lines but in slightly different form. The next point is that of the 'Technical At Homes' which were another innovation. Do you think that was a good idea and have you any suggestions as to how it might be modified? And the final point, which I know that Dr Garma wants to bring up, relates to the length of the Congress: Would you like to see it longer than it has been traditionally? Well, that is all I want to say at this point, and the meeting is now open to free discussion.

I think that, as this is being recorded, we would find it very helpful, in fact I would like to insist on your giving your name and your society before you start to speak, so that we can have that recorded.

Robert Bak, New York: Mr President, Ladies and Gentlemen: Even though Dr Gillespie gave us a schedule to discuss the evaluation of the Congress, it would be difficult indeed to start only with suggestions or criticisms, which was also very elegantly anticipated by Dr Gillespie, but one has to pay one's compliments first of all, and the great impression that we all received at the Congress is of the excellence of the organization, of the graciousness of all the receptions, and the smoothness with which all we members have got it so easy to participate and to enjoy and to learn. (*Applause.*) I think our thanks can hardly be emphatic enough.

The question of translation, which was the point first mentioned by Dr Gillespie, I do not feel competent to talk about, since it was also mentioned that it is a financial problem. I think that, as far as I feel about it, it remains that it would be good enough to have the four languages, but if the expenses prohibit it, that remains for the Treasurer and for the Central Executive to decide.

I believe I speak for several people among my colleagues who feel that there should perhaps be more discussion. I would also question the desirability of simultaneous sessions, as they seem to fragment the programme too much, and this creates both scientific and loyalty conflicts for the members who have to attend. Several of the colleagues felt that perhaps the Programme Committee could put the emphasis more on symposia about important subjects. These symposia could be for a whole day by the presentation of two papers, two appointed discussants, and the rest would be left for free debate from the floor. Smaller symposia could be organized with one paper, two appointed discussants, and the rest of the discussion from the floor. Independent papers should not be quite excluded. It would perhaps be desirable to reserve one day for independent presentations, but also with time for discussion. The pure reading of a paper, which could very well have been published without discussion, is not I think quite in the spirit of the Congress that we wish to have. (*Applause.*) The pre-publishing of the paper was most fortunate, but perhaps it would be even more preferable if all the papers of the symposia could be circulated among the membership in extensive summary. That would allow us to have rather adequate information about the contents of the paper and the line of thought, at the same time our immediate response and involvement with the subject and the speaker and the possible surprise could be also maintained.

For the moment, these are the suggestions I may make, and thank you for the time given to me. (*Applause.*)

Chairman: Before asking anyone else to speak, I would like to say just a word about one or two of the

things that Dr Bak said. First of all, I would like to thank you very much for the very kind remarks you made, and I feel that I can say that very well, because I was really responsible myself for hardly anything in the success of this Congress. Other people really should be thanked for it, as I indicated before. As regards one point which Dr Bak made, namely the idea of having extensive synopses or summaries of all papers circulated beforehand, that, of course, we should all like to have, but we feel very grateful indeed if we can get a few words a day or two before the Congress; that is the nature of psycho-analysts, and I think we have to accept that fact.

Now then, let us have some further discussion.

... Well, I seem to have got that wrong, Dr Bak, you were not referring to all papers, only the symposia. I am so sorry, well, it does not apply then.

Emilio Servadio, Rome: I wish first of all to support most emphatically what Dr Bak said in favour of the organizers of this Congress, and to say that personally I have been particularly stimulated by many of the papers that I have been fortunate enough to hear. But, as we all know, stimulation without an adequate outlet can lead to frustration, and more than once I have felt some frustration just because of the practical impossibility of discussions after several very interesting papers I have heard. Now, I realize that this is a very old question, and I think that Dr Bak has pointed out the difficulties as well as his proposals of amendments. Nevertheless, I think that perhaps a formula could be achieved which should establish, let us say, a deadline before the Congress, a date before which the papers should be sent together with a somewhat extensive summary. It should not be 10 or 15 lines of the Congress programme, but perhaps a little more, 1½ pages, would be enough to give us an idea of what is going to be presented and discussed, and the author could limit himself to a short summary, let us say ten minutes, instead of reading his paper in full, and this would leave time for the discussion. Some of my colleagues from Latin America have proposed that our Congresses should be extended two days, if I am not mistaken. Perhaps this would be a good idea, but what I think is necessary is perhaps not so much to extend the length of the Congress, because if there were to be two more days of a Congress run in this way, I think we would all be extremely tired in the end, precisely because there is no space or time for free exchanges of thought. This, I think, is more a question of an economical distribution of the material and of time than of length of the Congress as such. It seems to be the most important point, and after all, if I am not mistaken, this is a point which has been raised year after year, and Dr Nacht has himself raised the point of presentation of summaries, which had been published in advance for many years. I think that this year we have made a

good start, but it is only a start. After all, I have thought more than once that we are doing wrong to our own subject if we really think that a paper which has been prepared with months of effort and study should be swallowed, as it were, at once, at a first reading. I do not think that we are below physicists or astronomers or any other science. It is unthinkable that one of their papers could be read and discussed at once after the first reading. It can simply not be done, because everybody knows that a paper needs reflexion, needs two or more readings carefully, so this is why at least an advanced presentation, even in the form of summaries, would facilitate our reunions and at the same time would be a tribute to the seriousness and the dignity of our science. Thank you. (*Applause.*)

Chairman: Thank you very much. Miss Freud has just made a suggestion to me which has some bearing, I think, on what Dr Servadio has just said. She suggests why should we not use the evening 'At Homes' for discussing the papers of the day.

Sonny Davidson, United Kingdom: I am also very grateful for the Congress, which could not in many ways have been organized better. One thing that I want to talk about is that these 'Technical At Homes' are extremely important and extremely interesting, especially the one that I went to last night on child analysis. It quite obviously met a need, because for the first time we seemed to achieve a kind of united front of all the United Kingdom members which was quite impossible in our society before. I do think it really met a need, and I would like the planning committee to take that into consideration. (*Applause.*)

Sacha Nacht, France: Même si c'est superflu, je tiens à dire que les suggestions que je vais faire sont faites à titre purement personnel malgré la place que j'occupe encore sur cette estrade. Premièrement, j'ai été heureux de constater que l'expérience, car cela a été une expérience, et c'est à titre d'expérience qu'au dernier congrès à Paris il a été admis qu'un des rapports soit publié à l'avance, et qu'il soit simplement résumé en séance et ensuite on puisse le discuter. L'expérience, je pense, comme on me l'a dit, est favorable, donc j'espère qu'elle va être retenue.

Deuxièmement, pour ce que nous appelons les symposia, comme celui que nous avons eu aujourd'hui à propos des états dépressifs, je crois, comme je le disais tout à l'heure, ou tout au moins, je la laissais entendre, que la formule n'est peut-être pas très heureuse, dans ce sens que, premièrement, si on a, comme cela a été le cas depuis toujours, enfin depuis longtemps, deux co-rapporteurs pour le même sujet, comme cela a été le cas pour les états dépressifs, nous assistons forcément à des répétitions, chacun des deux orateurs, M. Scott et moi-même avec Racamier, nous avons, sans le vouloir, été obligés de dire quelquefois les mêmes choses. Donc, si la formule des symposia était retenue, je suggère qu'on ne nomme qu'un seul rapporteur pour un seul sujet.

Lawrence Friedman, Los Angeles: I would like to add my word, which is becoming rather repetitious, but to say that this was one of the best organized Congresses I ever attended. I would like to make some suggestions which I have experienced, my personal experience with discussions and papers which I listened to. One of them is that I find this 'Technical At Home' highly desirable and useful, but I would like to make the suggestion that there should be possibly a larger number of them, and the number of attendants should be limited. We tried it at one of our meetings in Los Angeles with great success, with a pre-announced subject, and asking those who wanted to participate to register a day or two ahead of time, and the attendants' list was limited to, I think, 20 or 25, which made the discussions very informal, very informative, and very pleasant.

I would like to add my support to possibly lengthening the entire Congress, with fewer papers going on simultaneously, and I would like to say this because it was my experience this morning at one of the meetings which I chaired that it was highly satisfactory and pleasant to have spontaneous discussion on the floor after one of the papers knowing we had nobody following us and were not rushed, so we did not have to limit ourselves to ten minutes, to the time allotted, because the room was no longer used. Another reason for the suggestion is that I feel that one of the outstanding papers of the Congress was lost on account of so many papers going on at the same time, and that paper was the paper of Dr Edith Weigert on Kierkegaard. I wish this paper could have had a larger audience here with translation, so that many of those who do not understand English, especially those in Denmark, could have heard that very wonderful and outstanding paper.

Many thanks for the beautiful meeting. (*Applause.*)

Clifford Scott, Montreal: Well, I have heard a great deal about Copenhagen and a great deal about how much better psycho-analytical congresses can become, but I think this is only the beginning of how much better they will become. I think some have become frightened about the richness our field is going to show, and I think we must be prepared to have even many more coincident sessions, and people will have to choose and agree with the fact that they cannot do all that they wish to. I think that it is a tremendous stimulus for younger people to feel that they can come and work hard to present something here, and even have it discussed by a few people. I think we may both have to lengthen the Congress, and have, instead of, as we have had here, five, many more concurrent sessions. Then, since we have heard the Business Meeting talking about places, and since I have learned a little bit about how large Denmark used to be, I think there is one country we have forgotten to think about; Iceland is said to be a very beautiful place, and may be considered as a place situated halfway between the Americas and Denmark. (*Applause.*)

Chairman: I would just like to say a word or two at this point referring to points made by the last speaker or two. First of all, we did have a policy at this Congress to allow as many papers as possible, and that was why we had so many simultaneous sessions, but at the same time we thought it was a bad idea to have too short papers, and therefore we had many simultaneous sessions but gave a fair amount of time to each speaker. I am talking about the simultaneous papers only now. The time allotted was 35 minutes, and the theory was that any speaker who wished could speak for less than 35 minutes if he wanted discussion. As far as I know, hardly any speakers allowed any time for discussion, but as far as the Programme Committee was concerned they *did* allow time for discussion.

Paula Heimann, London: I want to say a very few words about my experience as a chairman this morning, though perhaps they are not quite so necessary any more. What I wanted to say is that I experienced the difference between being the chairman for a paper which took up the full allotted time, so that there was no discussion, and the other paper where the speaker had spoken for less than 30 minutes so that we had some time for discussion. It is my impression as chairman that the meeting felt more satisfaction about the second paper, about the chance of highlighting some of the points, and that also for the speaker it was more gratifying to get the response from the audience. I wanted also to ask other chairmen to come forward and tell us about their experience and their impression. I myself am very much in favour of any method which would, as has been suggested by Dr Bak, shorten the actual length of the paper presented so as to have far more room for discussion. After all, the Congress is really devoted to the purpose of oral communication by members of the associations, who are normally dispersed all over the world.

Chairman: I should like to say one more word about the question of discussion from the floor. What actually happened at most of the meetings was that people handed in their names to the chairman and the chairman then called on them, and that did not look like discussion from the floor, but in fact it was; only the people who did not hand their names in felt that there was not any discussion from the floor, do you understand? So that if you like them not to hand in their names, but have it free for all, then of course it could be done that way; it would look more like a discussion from the floor, but in fact it would not be any different, or, at least, it might be more disorderly.

Margaret Little, London: Just two more small points. One is, I would like to ask if there could be five minutes' interval between the papers, which would prevent the disturbance of having people coming in from one meeting to another while the paper is still being read. The other concerns the 'Technical At Homes'. I only attended one of them, but there was no apparent organization, there

was no chairman, and I felt that it would have been very much more satisfactory if there had been some kind of agreed organization to deal with it. (*Applause.*)

Isabel Menzies, London: I want to stress a point which to me has been of particular importance about the 'Technical At Homes'. They seem to me to give a chance to our younger members, to candidates, associate members, and guests, both to make contributions and to meet senior members, which I think, in my experience of our Congresses, they have never had before, because usually they do not know who the senior people are or are too shy to make spontaneous contact with them. (*Applause.*)

Angel Garma, Argentine: (Speaks in Spanish.) Expresses his and his colleagues' satisfaction with the good organization of the Congress, and speaks on the point of pre-published papers. Speaks in favour of lengthening the Congresses, and in favour of Miss Freud's suggestion of discussing the papers of the day at the evening 'Technical At Homes'.

Wilhelm Solms, Vienna: Meine Damen und Herren. Wir sind, wie 'Chairmen' an Sitzungen gewesen, aufgefordert, unsere Meinung zu sagen, und ich habe auch den Eindruck gewonnen, dass das Vortragen von Mitteilungen ohne Diskussion völlig sinnlos ist. Das Vorlesen einer vorbereiteten Arbeit, die nicht diskutiert werden kann, hat, meiner Ansicht nach, für einen Kongress nicht viel Wert. Es ist gescheitert, dass die Arbeit publiziert wird, und dass man sie dann in Ruhe lesen kann. Nun war, so weit ich weiss, in fast allen Sitzungen, oder in den meisten Sitzungen, keine Möglichkeit zu einer Diskussion. Es war sicher ein Fortschritt, dass diesmal die Arbeiten nicht nur zehn Minuten, sondern fünfunddreissig Minuten dauerten. Aber man kann einem Redner so viel Zeit geben, wie er will, er spricht länger. Das ist eine Erfahrung, die ich nicht hier gemacht habe, sondern die ich immer gemacht habe, es ist völlig sinnlos, die Zeit zu verlängern, denn wenn man einem Redner zwei Stunden gibt, spricht er zweieinhalb Stunden, das ist ein Naturgesetz. Es ist deswegen notwendig, glaube ich, dass man Zeit für eine Diskussion erzwingt, und nicht dem Redner die Möglichkeit gibt, Zeit für eine Diskussion selbst einzuräumen. Ich möchte also sehr der Auffassung zustimmen, dass man möglichst viele Symposia macht und möglichst wenige abgelesene Mitteilungen, eines nach dem anderen. Das ermüdet ungeheuer und es kommt eigentlich nicht viel heraus, wenn man nicht die Möglichkeit hat, Fragen zu stellen und zu diskutieren. Eine zweite Bemerkung sei mir erlaubt, ich darf Sie daran erinnern, dass man in Paris, am Kongress in Paris, die Frage des vorpublizierten Referates heftig diskutiert und teilweise als unmöglich abgelehnt worden ist. Es war ein Kompromissvorschlag, dass eine Arbeit vorher publiziert worden ist. Wir haben nun die Erfahrung gemacht, dass das möglich ist, so wie es an vielen anderen Kongressen möglich ist. Ich würde

deswegen den Antrag von Paris, den damals Dr Nacht gestellt hat, wiederholen, dass alle grossen Vorträge vorher publiziert werden sollen mit Platz für eine Diskussion, ich glaube, dass diese Methode sich sehr bewährt hat, und dass wir auf den damaligen Antrag von Dr Nacht und Dr Lebovici von Paris zurückkommen sollen. Ich weiss nicht, wie es technisch möglich ist, aber an sich würde ich glauben, dass der diesmalige Kongress uns bewiesen hat, dass es möglich ist.

Ein dritter Punkt, von dem ich sprechen möchte, ist die Frage der Sprachen. Ich gehöre zu der Gruppe, die bei der vorgeschlagenen Regelung zurücktreten müsste. Ich glaube, dass es ohne weiteres möglich ist, wenn in allen vier Sprachen gesprochen werden kann, und Übersetzung nur in Englisch und Französisch gemacht wird, das scheint mir eine vollkommen mögliche Lösung. Ich weiss nicht, ob unsere Spanischsprechenden Kollegen auch damit einverstanden sind, aber ich glaube, dass das technisch vollkommen möglich ist. Allerdings sollte man dem Redner die Möglichkeit geben, in einer der vier Sprachen zu sprechen.

Chairman: Thank you, Dr Solms. Vielen Dank. Certainly we do not intend to stop the translation out of the four languages, but only into German and Spanish. I call now on Dr Kemper. Miss King has just made the suggestion that we might make a compromise as regards pre-publication, by pre-publishing the symposia papers, but not the others. Dr Kemper.

Werner Kemper, Rio de Janeiro: Obwohl ich seit 10 Jahren in einem Lande arbeite und in einer Sprache zu sprechen habe, die so gut wir unbekannt in der Welt ist, in Portugiesisch, gehöre ich zu den angeborenen Sprachungebaten, d.h. ich kann einen englischen Text lesen, ich kann einen französischen Text lesen, ich kann aber einem schnell gesprochenen Vortrag schlechterdings nicht folgen. Ich habe sämtliche Kongresse nach dem Kriege besucht, und habe an diesem Kongress mit ungeheurer Erleichterung und ungeheurem Genuss erstmalig wirklich meinen gehörten Vorlesungen und Vorträgen folgen können, und habe deshalb mit grossem Bedauern diesen Vorschlag eben gehört, dass wir auf den status quo zurücksinken wollen. Ich respektiere die Realität, aber erinnere mich leise, dass Dr Gillespie sagte, dass auf Grund der gemachten Erfahrungen man eine Reduktion auf die Hälfte der Kosten hätte erreichen können, und ich würde deswegen doch bitten, den Plan noch einmal zu überlegen. Ich spreche nicht nur in meinem persönlichen Namen, sondern ich weiss, dass viele meiner Kollegen aus dem mitteldeutschen Raum, aus dem mittel-europäischen Raum und auch viele aus anderen Ländern, und ich denke hier an meine neue Heimat, Süd-Amerika, in der gleichen Lage sind wie ich.

Dann möchte ich einen weiteren Vorschlag machen. Wenn die Arbeiten vorbereitet werden, möchte ich bitten, dass sie nicht nur in der englischen

und in der französischen Zeitschrift, sondern auch in der von der argentinischen Gruppe herausgegebenen Zeitschrift, und auch in der deutschen Zeitschrift rechtzeitig vorher erscheinen, so dass wirklich alle vorbereitet zum Kongress kommen. Ich danke Ihnen.

Chairman: Thank you, Dr Kemper. I would like to interpolate one remark, as we are talking about interpretation. The chief interpreter spoke to me before this meeting, and told me that we have various alternatives before us; there is what we have here, interpretation into and out of four languages, which costs 4000 dollars, there is interpretation out of four languages and into two languages, which will cost 2000 dollars; there is the same thing as I have just said, out of four into two, in two rooms, which will again cost about 4000 dollars, the same price as the whole thing that we have had here in only one room, so that if we want to spend 4000 dollars, we have two alternative ways of doing it.

Herman Serota, Chicago: I believe the sense of the remarks which have been made this afternoon could possibly be synthesized as a kind of innovation to supplement one of the services already available. Namely, in addition to the abstracts, perhaps for a period of some four or five days, we might have a temporary library, at which many of the papers might be available for those who would care to deposit them and those who would care to read them. This might be part of the registration service.

Edward Joseph, New York: I would like to speak not to the question of translation, but rather to the question of symposia and simultaneous papers. I think that both have advantages; the symposia can be very valuable in terms of distribution of knowledge on a given subject. However, I think the individual papers represent the particular clinical or theoretical experience of the speaker and as such should be offered to the members of the Congress. I wonder, therefore, in terms of the suggestion of lengthening the time of the Congress, if it might not be advisable to provide for both symposia and independent papers, not perhaps five sessions at a time, but two or three spread out over another day or two of the Congress. Thank you.

Chairman: Miss King has just asked me to suggest that it might be a good thing for the next Programme Committee to write round to the Secretaries of the various Component Societies asking for suggestions of subjects for symposia. Does anybody want now to suggest subjects for symposia? I think it is the sort of thing that you want to think about first, isn't it?

Marianne Kris, New York: I would like to ask Dr Gillespie, in case the Committee keep to the one pre-published paper, could he tell us possibly on what basis the next will be chosen?

Chairman: Well, that is a matter which we have not had time to consider yet, but it has been suggested that instead of inviting people to put forward

papers, we should look through the recent literature and pick out papers which seem valuable for this purpose. We should then *invite* the authors to present their papers for discussion. (*Applause.*)

J. B. Boulanger, Montreal: Since my colleague brought up the suggestion of holding a Congress in Iceland, I want to remind the organizers of the next Congress that in Montreal in Canada two years from now we will have the third International Psychiatric Congress. And since Canada is also a part of the British Commonwealth, and since in Montreal both the official languages of this Congress are the languages spoken in the city, and since the Canadian Society is a young society and as such could very well be host to senior societies, and since we have very good hotels and facilities, I would like only to suggest that Montreal could be considered as a possible choice. Je vous remercie.

Chairman: Thank you, Dr Boulanger. I think that most of us would love to go to Montreal; the question is whether we can afford it, and perhaps we might have an expression of opinion from the Europeans particularly. Does anybody among the Europeans think this is a practical proposition? Dr Boulanger points out that you can kill two birds with one stone, as there is the psychiatric congress as well, 4 to 10 June in Montreal. There is another point, could we possibly have our Congress in June? There seems to be a chorus of 'No's'; one 'Yes'. Would you like to take a vote about it; I do not mean to decide it, but just to get the feeling of the meeting? Perhaps it is not worth while taking a vote, because the Americans will all say 'Yes', and the Europeans will mostly say 'No', and we do not know where we are then. Could we confine this vote to Europeans? That would be interesting. Would only Europeans vote, please, not Americans, not South Americans, nobody but Europeans, on whether they think it is practical to go to Montreal in June. I think it is quite impossible to go to Montreal in June. Somebody wants to know is it really hot in June. Could you tell us, Dr Boulanger. Dr Boulanger says it will be less hot than it is here at the moment. That was not recorded, unfortunately, but I would like to say that Dr Boulanger has been pointing out the advantage to those who are also psychiatrists, who would like also to attend the psychiatric congress.

Wilhelm Solms, Vienna: I had the honour to participate also in the discussion about the next psychiatric congress, and I know that it is certain that for the psychiatric congress in Montreal there will be from Europe only the big chiefs from the clinics who are paid for the congress, and for the young psychiatrists no one will come to Montreal, it is just not possible.

J. B. Boulanger, Montreal: About the cost of the plane let us say from London or from Paris to Montreal, I would say that on a regular scheduled airline it would be say 500 dollars, but on the other hand, if one can get a group of people in sufficient

number to rent a plane, it can go as low as 300 dollars for a return trip.

Robert Bak, New York: Since Montreal was mentioned, of course, it has the inevitable consequence of rivalry, together with good-neighbour policy, but I really mean it that if any transatlantic congress could be considered, I do think that if organization could be made by chartering planes and bring down expense to that extent, it would be feasible to the majority of European members, and this is not quite out of possibility. Then perhaps one could explore it to hold the Congress, let us say, on the North American continent.

Chairman: Well, you have heard the worst now about the fare and the weather and so on. The cost of living is another important consideration, I think; I think it is pretty high. I do not know whether you want to get an expression of opinion about this. I have a shrewd suspicion of what it is going to be; would you be more satisfied, Dr Boulanger, if we took a vote?—All right. This is only for Europeans, please. Will those Europeans who think that this is a practical proposition please show their hands.—One, I think. Now, those who do not think it is a practical proposition.—Thank you very much, well, I think that is a fairly clear answer.

David Brunswick, Los Angeles: I was misunderstood, I had not meant to say anything about holding the Congress in Montreal; I also assumed that this was not possible for Europeans. I wanted to say something about the translation, because what Dr Kemper said brought me back to my first very emphatic feeling when I heard about the possibility that the translations might be cut down to only two languages in order to bring the cost down from 4000 dollars to 2000 dollars; 2000 dollars divided by 800 people, I think, is 2½ dollars, and I feel it would be a shame to cut this down even if there were only five people who would suffer. I think that being an international Congress we should have the maximum translation that is needed by all those who come (*applause*). The extra cost could easily be raised by adding to the Congress fee this 2½ dollars. The amount of the Congress fee is the smallest amount of the expenses that everyone has to pay for coming to the Congress, and I think that it would be perfectly practical and, if not, it could be added to the dues. But I think it would be more just to add it to the Congress fee.

Chairman: Thank you, I think you made an extremely good point, Dr Brunswick, and obviously it met with a lot of approval. Now, as you say it only adds to the Congress fee, I mean that is the effect of it, pure and simple, and it adds as you say about 2½ dollars. If we do decide that we are prepared to spend these 2½ dollars a head, we have the alternative, of course, of having the lesser degree of translation in two rooms instead of one. I think, you see, that it does not meet the case that Dr Brunswick has made, that we do not want to leave anybody out.

Thorkil Vanggaard, Copenhagen: Well, I would just say that if it is so terribly difficult for many people to understand languages that are not their own, there are many other groups to take into consideration. There are many Scandinavian and Dutch and Italian people, for instance, who are not in the position to understand—who will never hear their own language, so I do not really think the point is so pertinent.

Augusta Bonnard, London: I would like to make the suggestion and to have people vote on it informally: should it be decided, which I hope it is, that the Congress take at least one day longer, would people be in favour or not of another half-day devoted to purely social events such as outings and so on? I myself feel that they are very enjoyable, helpful, social, and also give us a rest in between, and I wonder how many people would agree with me that I would prefer two half-days for sociality and a longer Congress.

Chairman: Thank you, Dr Bonnard. That raises another issue in my mind. I do not know whether it struck you or not, namely that if we do extend the Congress by one day or two days, it will add to most of the expenses proportionately, so that the Congress fee will automatically go up. That is another point to be considered. The interpreters are paid per day, you see.

Paula Heimann, London: I only wanted to make this suggestion: I think that if we added one day and did it in such a manner that we have two half-days of entertainment in between, many people will be disappointed, namely those for whom the added expense would be a burden. It seems to me it would be a better way out to handle it in a democratic and voluntary manner, so that people who would like to go on having discussions could write in to the future Programme Committee, and a programme of papers and discussion matters could be arranged for them, so that those whose commitments do not allow them to spend a day longer at the Congress would not be imposed on whilst the others would not be frustrated.

Alfred Corvin, New York: I would like to express myself briefly to two problems which Dr Bak raised, the one the problem of the desirability of panel discussions versus individual papers. As far as this problem is concerned, I believe Dr Bak's suggestion of having let us say roughly three-fourths of the meeting in panels and the rest in individual papers has been proved very valuable already by experience at the annual meetings of the American Psychoanalytic Association. The second problem is that which concerns everybody here, and which is raised again and again, the dilemma which everyone of us experiences with regard to which panel to attend, and if I attend one panel then I am going to miss all the other panels. I do not think that there is any real cure for that, but the American Psychoanalytic Association has some experience in this regard, too, and they have an institution which has proved to be

very popular and very valuable. Of course, I am making these remarks only for those colleagues who have no opportunity to attend the meetings in America. This is the institution of Reporters. Very briefly, a Reporter is assigned to each panel in advance who gets the formal papers to read in advance and can make notes of the discussion during the panel, and the last half-day of each Congress is devoted to a report on the part of the Reporters in summarized form about each individual panel discussion comprising formal papers and discussion. Many of my colleagues in America feel that this has been a very valuable and very practical solution of this problem.

Chairman: Well, we are really over our time, but we started a quarter of an hour late, I do not know whether you want to go on a quarter of an hour?

Madame Marie Bonaparte, Paris: I heard with great interest all the suggestions that were made. Instead of having only the two languages there should still be four, because it is a pity that two great languages of the Congress should be excluded. We cannot have them all, of course; we cannot have Portuguese, we cannot have, alas, Danish, we cannot have every language; but the four languages, if it costs only 2½ dollars more, it is worth it. Secondly, the shortening of papers, so that there could be discussion. I do not think one must shorten them too much, although they should be written beforehand. People must know what they discuss about; it is impossible to discuss on something which has been heard only in ten minutes. It seems to me impossible. The question of the lengthening of the Congress; there is no doubt it will represent a very great expense, I think that seems very difficult. But what one might do for the discussions is what has been proposed, it is that the 'Technical At Homes' could be devoted to discussing the papers that have been presented at the Congress. Now about the pre-published papers which were recommended at Paris. I do not think it is a very good system, it would be better to find a paper in a journal on which one would discuss. That is all. Thank you.

Chairman: Well now, do you feel that we have had enough discussion? (*Applause.*) I should like to say that I think it has been a most valuable discussion and I think that this last session has been one of the very valuable features, innovations of this Congress. I think we should not break up before passing a really hearty vote of thanks to the interpreters who have done a very fine job of work. (*Applause.*) And now I should like to thank you all for making this such a successful Congress, and wish you all a very good holiday. (*Applause.*)

5. APPENDICES

APPENDIX I

INTERIM PROCEDURE FOR THE CONDUCT OF ELECTIONS AND OF THE BUSINESS MEETING AT COPENHAGEN

Introduction

The Statutes lay down that the President is responsible for the conduct of the Business Meeting. The procedures

that have been followed in the past appear to be a combination of *ad hoc* decisions by the Presidents and tradition. The Central Executive felt that now the Association had become so large, it was time there was an agreed method of procedure, both for elections and for the Business Meeting. They hoped that if these procedures were satisfactory, they could become the basis of the 'Standing Orders' or procedural regulations for the future conduct of the Business Meetings of the Association.

1. Procedure for the Election of Officers

A. Nomination Procedure

Nominations shall be put forward by:

- (i) a *Nominating Committee* appointed by the Central Executive to make nominations on its behalf;

and (ii) *Proposers and Seconders* who are Members of the I.P.A.

The *consent of a nominee* must be obtained in writing before a nomination becomes *valid*. Candidates may be nominated for more than one Office; e.g. President and Vice-President.

Publicity of Nominations

All valid nominations will be posted on the Central Executive's notice board, as they are received. The nominations of the Nominating Committee will be posted on this notice board by 6 p.m. on Monday, 27 July.

Closing date for Nominations

In order to allow time for ballot papers to be prepared and so that the members will have an opportunity to discuss and consider the merits of various candidates, before being called upon to vote, the nomination lists will be closed at 6 p.m. on Tuesday, 28 July. All nominations should be in the hands of the Hon. Secretary or have been handed in at the Congress Office by that time.

B. Election Procedure

- (i) *For Single Offices*

When a single office is up for election (e.g. President or Treasurer) each member has one vote per ballot.

- (a) When two candidates are nominated a simple majority will decide.

- (b) When three or more candidates are nominated, unless one candidate obtains more than 50 per cent of valid votes cast, a second ballot will follow between the two candidates with the most votes. This time a simple majority will decide.

(ii) Multiple Offices

When multiple offices are up for election (e.g. Vice-Presidents) each member will have one vote per office per ballot, and a simple majority will decide.

Where there is a tie for the last place, another ballot shall be held between those candidates who obtained an equal number of votes, the one with the simple majority being elected.

C. Voting Procedure

- (i) Voting for Officers will be by ballot.

- (ii) Voting for formal resolutions or motions expressing opinions or suggestions will be by show of cards.

2. Procedure with Regard to Resolutions from the Floor

The President will use his discretion to refuse to accept certain *proposals from the floor*, as *resolutions binding on the Association*, if in his opinion more information about the particular object or repercussions of the resolutions is necessary, before a workable decision can be reached. Such proposals will be voted on at the Business Meeting in order to ascertain a majority opinion on them.

Such resolutions will then be referred to a meeting of the old and new Central Executives, which will take place immediately after the Business Meeting. The Central Executive, after obtaining more information, and after considering the wider implications of the proposals for the Association, may either refer them to the Constituent Societies together with their recommendations, or if more appropriate, put them forward as formal resolutions at the next Congress.

PEARL KING
(Hon. Secretary.)

APPENDIX II

SUMMARY SHOWING GROWTH OF MEMBERSHIP IN COMPONENT AND AFFILIATE SOCIETIES FROM JUNE 1957 TO JUNE 1959

Component Societies	Members		Ass. Members		Students		No. of Scientific Meetings
	1957	1959	1957	1959	1957	1959	
<i>North America</i>							
1. American Psychoanalytic Association	755 (5)	807 (6)	—	—	—	—	4
2. Canadian Psychoanalytic Society	13	16	3	4	—	13	17
3. Mexican Psychoanalytic Association	7 (4)	6 (4)	3	5	15	15	20
<i>South America</i>							
4. Argentine Psychoanalytic Association	29	31	30	39	30	46	45
5. Brazilian Psychoanalytic Society (São Paulo)	12	12 (1)	9	12	19	21	48
6. Rio de Janeiro Psychoanalytic Society	9	10	3	4	20	27	14
7. Chilean Psycho-Analytical Association	7	4	8	3	19	26	12
<i>Europe</i>							
8. Belgian Psycho-Analytical Society	6 (6)	7 (6)	6	4	19	17	14
9. British Psycho-Analytical Society	95	100	105	119	57	77	32
10. Danish Psycho-Analytical Society	4 (2)	10 (2)	9	7	?	?	5
11. Dutch Psycho-Analytical Society	48	51	19 (7)	14 (8)	27	36	15
12. Paris Psycho-Analytical Society*	22	23	37	38	83	*153	16

**Paris Psycho-Analytical Society*: The total number of students comprises:

- (a) Students taking part in the three annual cycles (of these, eleven are carrying out supervised analysis) 64
- (b) Students (*stagiaires*) who have completed the three years of didactic cycles and are doing supervised work 38
- (c) Students (*stagiaires*) who have completed both the cycles and their supervised work, but are still benefiting from some form of theoretical or technical instruction at the Institute 51

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	Members		Ass. Members		Students		No. of Scientific Meetings
	1957	1959	1957	1959	1957	1959	
<i>Europe—continued</i>							
13. German Psycho-Analytical Society	14	18	11	18	27	?	38
14. Italian Psycho-Analytical Society	14 (2)	16 (2)	17	?	20	24	—
15. Swedish Psycho-Analytical Society	12	19	21	19	13	15	16
16. Swiss Psycho-Analytical Society	35	36	28	28	?	31	18
17. Viennese Psycho-Analytical Society	15	15	6	8	12	13	24
<i>Asia</i>							
18. Indian Psycho-Analytical Society	22	23	35	35	14	20	8
19. Israel Psycho-Analytical Society	14	16	4	9	22	28	18
20. Japan Psycho-Analytical Society	28	32	0	9	12	4	22
<i>Affiliate Societies</i>							
a. Association for Psychoanalytic Medicine (N.Y.)	92 (5)	113 (5)	—	—	54	63	15
b. Baltimore Psychoanalytic Society	27 (3)	30 (4)	8 (3)	10 (3)	33	30	12
c. Boston Psychoanalytic Society	91 (4)	99 (4)	6	8	109	105	14
d. Chicago Psychoanalytic Society	76 (4)	82 (4)	34	55	91	89	14
e. Cleveland Psychoanalytic Society	13	15 (1)	—	8 (9)	12	11	13
f. Detroit Psychoanalytic Society	9 (3)	14 (3)	—	6	5	9	10
g. Los Angeles Psychoanalytic Society	54 (2)	65 (2)	5	6	40	56	18
h. Michigan Association for Psychoanalysis	10	10	—	—	—	—	18
i. New Orleans Psychoanalytic Society	11	14	4	2	9	14	18
j. New York Psychoanalytic Society	237	240	33	37	58	63	34
k. Philadelphia Association for Psychoanalysis	53 (6)	52 (7)	5 (7)	9 (8)	35	42	19
l. Philadelphia Psychoanalytic Society	49 (2)	62 (1)	23 (8)	16 (8)	129	135	17
m. Psychoanalytic Association of New York	25	45	10	11	28	30	14
n. San Francisco Psychoanalytic Society	72 (1)	75 (2)	7	8	75	60	19
o. Seattle Psychoanalytic Society	13	18	—	1	10	12	8
p. Society for Psychoanalytic Medicine of S. California	38	50	—	—	74	79	16
q. Topeka Psychoanalytic Society	12	10	19	25	35	27	16
r. Washington Psychoanalytic Society	81 (4)	93 (4)	—	—	102	113	17
s. Western New England Psychoanalytic Society	30	33	1	1	28	26	17

N.B. Figures in brackets under 'Members' represent Honorary Members and under 'Associate Members' represent Affiliate Members.

APPENDIX III

STATUTES OF THE INTERNATIONAL PSYCHO-ANALYTIC(AL) ASSOCIATION

(As revised at the Twenty-first International Psycho-Analytical Congress, 1959)

I. TITLE

The Association, as constituting a central organization of the national or local psycho-analytical societies (component societies) already in existence or hereafter to be formed, shall be called 'The International Psycho-Analytic(al) Association'.

II. LOCATION

The location of the Association is the place of residence of the President at the time.

III. AIM OF THE ASSOCIATION

The aim of the Association is the cultivation and furtherance of the psycho-analytical branch of science founded by Freud, both as pure psychology and its applications to medicine and other branches of science; further, the mutual support of its members in all endeavours to acquire and disseminate psycho-analytical knowledge.

IV. MEMBERSHIP

(a) The Association consists of ordinary and associate members. Its ordinary membership is composed of the honorary and ordinary members of the component societies, whose election is therefore decided by the conditions valid for the individual societies. Its associate membership consists of the associate members of the component societies, but only in so far as the standing of an associate member in an individual society implies graduation from a recognized psycho-analytic institute.

(b) In places where there is no local society membership of the Association can be achieved only through election to one of the component societies elsewhere.

(c) Membership of a foreign society, instead of to the society of one's own country, where there is one, shall be subject to the consent of the Central Executive.

(d) The Central Executive may, in exceptional circumstances, admit to direct membership of the Association those who have previously been members of a component society.

V. DUES

The annual dues of the Association, payable to the Treasurers of the component societies, shall be determined by the Congress on proposal of the Central Executive. Any member of a component society who has been excused the subscription to his own society on account of length of membership or age, will also be excused payment of dues to the Association.

VI. PRIVILEGES

Ordinary members have the right on payment of the Congress fees to attend the scientific and business meetings of the Congress and to vote and be elected for office at the Congress. Associate members have the right on payment of the Congress fees to attend the scientific and business meetings of the Congress, but not the right of voting at the business meetings or to be elected for office. All the categories of members have the privilege of attending scientific meetings of any component society.

VII. CONGRESSES

The Congress has the supreme control over the Association. It is convoked by the Central Executive once every two years and is conducted by the President. The Congress elects the officials of the Association.

VIII. CENTRAL EXECUTIVE

(a) The Central Executive, which holds office from one Congress to the next, consists of a President, a Secretary recommended by him from the members of his component society and accepted by the Congress, a Treasurer, and four or more members of the Council. The number of the elective Council members at any given time, more than half of whom shall belong to other societies than that of the President, will be determined by the Congress on recommendation of the Central Executive. In addition, the outgoing President shall be a member of the Council for the two years following the termination of his Presidency.

(b) The Central Executive represents the Association externally and co-ordinates the activities of the component societies.

(c) The President is responsible for presenting to the Congress a Report of the activities of the Association during his term of office, and the Secretary for editing the official Reports of the Association, including those of the Congress. The Reports shall be published in the *Bulletin* of the Association.

(d) Congress may, on the recommendation of the Central Executive, elect an Honorary President and one or more Honorary Vice-Presidents, to hold office for life. Such honorary officers shall be honorary members of the Central Executive, without voting powers.

IX. COMPONENT SOCIETIES

(a) The Statutes of a component society shall not be in contradiction to those of the Association.

(b) Admission of new component societies to the Association is decided by the Congress, but in the interim the Central Executive may, after due investigation, accord them the status of provisional recognition (not membership).

X. CHANGES IN THE STATUTES

The Statutes can be changed only by the Congress, a two-thirds majority of those present being necessary. The change must be proposed by at least three members who must notify the Secretary in writing at least twenty-eight days beforehand.

XI. PROCEDURE AT THE BUSINESS MEETING

Resolutions shall be of two classes on the President's decision according as they are to be referred for consideration to the component societies or to be decided at the time by a majority vote (two-thirds majority in the case of changes in the Statutes). In the former case the Secretaries of the component societies shall furnish to the Central Secretary three months before the next Congress a report (including the number of majority and minority votes) on the local discussion of such resolutions, the final decision being then left to a majority vote at the Congress.

APPENDIX IV (a)

INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

STATEMENT OF ACCOUNTS, 1957-59

<i>Income</i>		<i>Expenditure</i>	
Balance forward 7/1/57	\$1313.44	Petty cash (London)	\$112.00
Dues collected 1957-58	6766.64	Travel—Dr Vanggaard to London	128.80
" " 1958-59	6454.10	Travel—Dr Gillespie to Copenhagen	123.66
" " 1950-58 (Israel)	256.35	Sundry expenses	541.84
" " 1957-58 (Japan)*	56.00	Secretarial services provided by Institute of Psycho-Analysis	824.67
Freud Fund from Sweden	318.25	Publication of <i>Bulletin</i>	2848.15
Congress refund†	1553.46	Printing I.P.A. Statutes	31.50
Proceeds from dollar cheque to London‡	449.91	Notices in <i>Journal</i> —Congress	8.38
	<u>\$17168.15</u>	Translation fee—paper for Congress	97.02
		Filing cabinet	52.95
		Shipping I.P.A. files	40.75
		Secretarial services and preparation of files for shipment	745.03
		Congress advance	1500.00
		W.F.M.H. dues	200.00
		Treasurer's expenses	250.00
			<u>\$8013.35</u>

7 December, 1959, Bank Balance \$9154.80 { London \$1493.85
N.Y. 7660.95

* Overpayment—to be credited to 1959-60 dues.

† Repayment of loan made to French Society of \$1400. plus \$153. 64 profit on Congress.

‡ Difference between expenditures for *Bulletin* and dollar cheque transferred to London from N.Y. account (Cheque made out to London Institute was \$1889.75; \$449.91 was not used and was deposited in London I.P.A. Account).

APPENDIX IV (b)

NOTES TO TREASURER'S REPORT 1957-59

1. Dues in arrears:

Swiss 1958-59	\$315.00.	No answer to letters.
Israel 1958-59	105.00.	Promised.
Chile 1957-59	60.00.	No answer to letter.
Dr Liebermann	10.00.	Bill sent out late to Hungary.
India	82.00.	Promised.

2. Breakdown by country of dues received:

	1957-58	1958-59
United States	\$3770.00	\$3800.00
Argentina	240.00	266.00
Belgium	48.00	47.00
Rio de Janeiro	49.00	52.00
São Paulo	87.00	95.00
Dr Prat	5.00	5.00
Netherlands	335.00	335.00

	1957-58	1958-59
France	194.00	202.00
Germany	95.00	108.00
Dr Ammon		3.00
Dr Hoppe		3.00
India	82.00	
Dr Ramana	5.00	5.00
Israel	96.00	
Italy	121.00	131.00
Japan	147.00	188.50
Mexico	35.00	40.00
Sweden	131.00	150.00
Switzerland	315.00	
Vienna	72.00	74.00
Canada	24.00	24.00
Denmark	47.00	47.00
At large	55.00	55.00
Great Britain	813.64	823.60
	\$6766.64	\$6454.10

APPENDIX V

OFFICERS AND CENTRAL EXECUTIVE OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

(Elected at the 21st International Psycho-Analytical Congress, 1959)

Honorary President

Dr Heinz Hartmann

Honorary Vice-President

Mme Marie Bonaparte

OFFICERS 1959-61

President

Dr William H. Gillespie

Vice-Presidents

Dr Grete L. Bibring

Dr Ruth S. Eissler

Miss Anna Freud

Dr Maxwell Gitelson

Dr Willi Hoffer

Dr Jeanne Lampl-de Groot

Dr Raymond de Saussure

Hon. Treasurer

Dr Phyllis Greenacre

Hon. Secretary

Miss Pearl H. M. King

PROGRAMME COMMITTEE FOR THE 1959 CONGRESS

London Section

Dr Michael Balint

Dr Wilfred R. Bion

Dr Paula Heimann—Hon. Secretary

Dr Willi Hoffer—Chairman

Mrs Hedwig Hoffer

Dr Barbara Lantos

Dr Lois Munro

Dr Herbert Rosenfeld

Dr Charles F. Rycroft

Dr Donald W. Winnicott

Dr William H. Gillespie (President, I.P.A.)

(ex officio)

Miss Pearl King (Hon. Secretary, I.P.A.)

*(ex officio)**Corresponding Members*

Dr Charles Brenner (New York)

Dr Maxwell Gitelson (Chicago)

Dr Serge Lebovici (Paris)

Dr P. J. van der Leeuw (Amsterdam)

Prof. Dr med. H. Meng (Basel)

Dr Angel Garma (Buenos Aires)

Dr Ralph R. Greenson (Beverly Hills)

Dr Edward Kronold (New York)

Dr Thorkil Vanggaard (Copenhagen)

CONGRESS DESIGN COMMITTEE FOR THE 1959 CONGRESS

Mr Harold Bridger

Dr Elliot Jaques

Miss Pearl King (Chairman)

Dr Tom F. Main

Miss Isabel E. P. Menzies (Secretary)

REPORTS OF SCIENTIFIC ACTIVITIES OF COMPONENT AND AFFILIATE SOCIETIES. SEPTEMBER 1958 TO AUGUST 1959

1. COMPONENT SOCIETIES OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

NORTH AMERICA

THE AMERICAN PSYCHOANALYTIC ASSOCIATION

1 East 57th Street, New York 22, N.Y.

REPORT OF THE FULL 1958 MEETING

Panel Discussions

1. *The Vicissitudes of Ego Development in Adolescence.*

Dr Marjorie Harley (New York): 'Some Observations on the Relationship between Genitality and Ego Development at Adolescence.'

Dr Elisabeth R. Geleerd (New York): 'Some Aspects of Ego Vicissitudes in Adolescence.'

Dr Leo A. Spiegel (New York): 'Disorder and Consolidation in Adolescence.'

Dr Gerard Fountain (Scarsdale, N.Y.): 'Adolescent into Adult: An Enquiry.'

Reporter: Dr Albert J. Solnit (New Haven, Conn.).

2. *Problems of Re-Analysis*

Dr Emanuel Windholz (San Francisco): 'Introductory Remarks on the Problems of Re-Analysis.'

Dr A. Russell Anderson (Baltimore): 'Definition of Re-Analysis.'

Dr Herman M. Serota (Chicago): 'Re-Analysis of the "Wolf-Man".'

Dr Emanuel Windholz (San Francisco): 'Limitations of Psycho-analytic Therapy.'

Reporter: Dr Francis McLaughlin (Baltimore).

3. *The Silent Patient*

Dr Rudolph M. Loewenstein (N.Y.): Introduction.

Dr Jacob A. Arlow (N.Y.): 'Silence and the Theory of Technique.'

Dr Leo S. Loomie, Jr. (N.Y.): 'Some Ego Considerations in the Silent Patient.'

Dr Meyer A. Zelig (San Francisco): 'The Role of Silence in Transference.'

Dr Ralph R. Greenson (Beverly Hills): 'Silence as Communication.'

Reporter: Dr Herbert F. Waldhorn (New York).

4. *Some Theoretical Aspects of Early Psychic Functioning*

Dr Leo Rangell (Beverly Hills): 'The Role of Early Psychic Functioning in Psycho-analysis.'

Dr L. Rubinfine (N.Y.): 'A Survey of Freud's Writings on Earliest Psychic Functioning.'

Dr John D. Benjamin (Denver, Colo.): 'Some Developmental Data Relating to the Theory of Anxiety.'

Dr Rudolf Ekstein (Los Angeles) and Dr Leo Rangell (Beverly Hills): 'Reconstruction and Theory Formation.'

Dr Rene A. Spitz (Denver, Colo.): 'Earliest Prototypes of Ego Defences in the First Year of Life.'

Dr Margaret E. Fries (N.Y.): 'Early Object Relationships.'

Reporter: Dr David L. Rubinfine (New York).

Scientific Papers

Dr Norbert Bromberg (Tarrytown, N.Y.): 'Totalitarian Political Ideology as a Defence Technique.'

Dr Gove Hambidge, Jr. (Minneapolis): 'Primary (Categorical) Degradation of the Ego.'

Dr John D. Benjamin (Denver, Colo.) and Katherine Tennes (Denver, Colo.): 'A Case of Pathological Head Nodding.'

Dr Andrew Peto (N.Y.): 'On the Disintegrative Effect of Interpretations.'

Dr Maurie De Pressman (Elins Park, Pa.): 'Silence in Analysis.'

Dr Harold F. Searles (Rockville): 'Integration and Differentiation in Schizophrenia.'

Dr Paula Elkisch and Dr Margaret S. Mahler (N.Y.): 'The "Influencing Machine" in the Light of the Psychotic Child's Body Image Development.'

Dr James F. Bing (Baltimore); Dr Francis McLaughlin (Baltimore) and Dr Rudolf Marburg (Baltimore): 'The Metapsychology of Narcissism.'

Dr Charles W. Socarides (N.Y.): 'Pre-Genital Conflict in Fetishism.'

Dr Robert A. Savitt (N.Y.): 'Orality, Addiction, and Pre-Orality.'

Dr Philip Weissman (N.Y.): 'A Study of the Characteristic Superego Identifications of Obsessional Neurosis.'

Dr Peter A. Martin (Detroit): 'Scierneuropisia—A Previously Unnamed Psychogenic Visual Disturbance.'

Dr Norman Reider (San Francisco): 'Percept as a Screen: Economic and Structural Aspects.'

Dr Clyde H. Ward (Philadelphia): 'Some Further Thoughts on the Examination Dream.'

Dr Therese F. Benedek (Chicago): 'Parenthood as a Developmental Phase—A Contribution to the Libido Theory.'

Brief Communications

Dr Irving Berent (Detroit): 'A Note on Pan-handling.'

Dr Z. Alexander Aarons (N.Y.): 'The Psychogenesis of an Asthmatic Attack.'

Dr Morton M. Golden (Brooklyn): 'The Saturday Night Exhibitionist.'

Dr Burness E. Moore (N.Y.): 'Congenital versus Environmental: An Unconscious Meaning.'

Dr Joseph Wm. Slap (Philadelphia): 'Identification in the Service of Denial.'

Dr Renato J. Almansi (N.Y.): 'The Face-Breast Equation.'

Dr Morris W. Brody and Dr Philip M. Mechanick (Philadelphia): 'Looking Over the Shoulder.'

Dr Wm. G. Niederland (N.Y.): 'Schreber's Father.'

REPORT OF THE 46TH ANNUAL MEETING

*Panel Discussions*1. *Criteria for Analysability**Criteria Mainly relevant to the Analytic Situation*

Dr Elizabeth R. Zetzel (Cambridge, Mass.): 'Introductory Remarks: The Analytic Situation and the Analytic Process.'

Dr Herbert F. Waldhorn (New York): 'Some Technical and Theoretical Observations Concerning Assessment of Analysability.'

Criteria Mainly Relevant to the Analytic Process

Dr Aaron Karush (New York): 'Analysability and the Factors in Ego Integrative Strength.'

Dr Sidney Levin (Brookline, Mass.): 'Retrospective Evaluation of Some Factors Relevant to the Analytic Process.'

Reporter: Dr Samuel A. Guttman (Pennington, N.J.).

2. *Psychosomatic Diseases in Children and Adolescents*

Dr Sidney G. Margolin (Denver): 'A Contribution to a Theory of Regression.'

Dr Lucie Jessner and Dr David Wilfred Abse (Chapel Hill, N.C.): 'Regressive Forces in Anorexia Nervosa.'

Reporter: Dr Bertram J. Gosliner (New York).

3. *The Psychology of Imagination*

Dr David Beres (New York): 'The Psychoanalytic Psychology of Imagination.'

Dr Victor H. Rosen (New York): 'Some Aspects of the Role of Imagination in the Analytic Process.'

Dr Phyllis Greenacre (New York): 'Play and Creative Imagination.'

Reporter: Dr Heinz Kohut (Chicago).

4. *The Teaching of Psychoanalytic Technique*

Rudolf Ekstein, Ph.D. (Los Angeles): 'An Historical Survey on the Teaching of Psychoanalytic Technique.'

Participants: Dr Grete L. Bibring (Cambridge, Mass.), Dr Karl A. Menninger (Topeka), Dr Annie

Reich (New York), Dr Robert Waelder (Philadelphia).

Reporter: Dr Rudolf Ekstein (Los Angeles).

Scientific Papers

Dr Max Warren (Detroit): 'The Significance of Visual Images during the Analytic Session.'

Dr Max Stern (New York): 'Blank Hallucinations.'

Dr Irving D. Harris (Chicago): 'Typical Anxiety Dreams and Object-Relations.'

Dr Nathaniel Ross (New York): 'Rivalry with the Product.'

Dr Sanford M. Izner (Detroit): 'On the Transition of a Masturbation Fantasy during the Course of Psycho-analysis.'

Dr Mortimer Ostow (New York): 'The Psychic Function of Depression: A Study in Energetics.'

Dr Norbert Bromberg (Tarrytown, N.Y.): 'Psychophysiological Bases of Masochism.'

Dr Ernest A. Rappaport (Chicago): 'Preparation for Analysis.'

Dr Robert Gronner (Chicago): 'Contingency and Certainty (a Reductionist Hypothesis regarding the Borderline States).'

Dr Joachim Flescher (New York): 'On Regression and its Therapeutic Management.'

Dr Helen R. Beiser (Chicago): 'Dying and the Death Instinct.'

Dr Marjorie R. Leonard (Beverly Hills): 'Problems in Identification and Ego Development in Twins.'

Mrs. Lili E. Peller (New York): 'Defensive Fantasies in Literature: The Night Parents.'

Dr Kenneth H. Gordon, Jr (Philadelphia): 'Ego Development Observed during the Treatment of an Atypical Child.'

Dr James T. McLaughlin (Pittsburg): 'The Analyst and the Hippocratic Oath.'

Dr Jose Barchilon (New York): 'Premature Progression as a Defence Mechanism.'

Dr Gilbert J. Rose (Norwalk, Conn.): 'Scanning and Screening in an Acute Aggressive Episode.'

Dr Richard Karpe (West Hartford, Conn.): 'The Rescue Complex in Anna O's Final Identity.'

Dr Bela Mittelman (New York): 'Expressive, Autoerotic and Autoaggressive Movements in Normal, Neurotic, Blind and Schizophrenic Children.'

Dr Bertram D. Lewin (New York): 'Educational Concepts and Psycho-analytic Education.'

Brief Communications

Dr Terry C. Rodgers (New York): 'From Reform to Persecutor—A Case Report.'

Dr Edward D. Joseph (New York): 'Cremation, Fire and Oral Sadism.'

Dr Leon L. Altman (New York): '"West" as a Symbol of Death.'

Dr Peter A. Martin (Detroit): 'Another Meaning of the Symbolism of the Bridge.'

Dr Gove Hambidge, Jr (Minneapolis, Minn.): 'Psycho-analysis and Family Therapy.'

Dr Thomas A. Petty (Grosse Pointe, Mich.) and Dr Viggo W. Jensen (Detroit): 'Further Consideration of the Rescuer in the Fantasy of being Rescued in Suicide.'

Dr Zelda Teplitz (Chicago): 'Pets in Relation to Maturation and the Sense of Identity.'

Dr Mortimer Ostow (New York): 'The Metapsychology of Autoscopic Phenomena.'

Section on Psycho-analysis: Joint Meeting of American Psychiatric Association and American Psychoanalytic Association

Chairman: Dr Norman Reider (San Francisco).

Secretary: Dr Robert T. Morse (Washington, D.C.).

Experimental Studies in Perception: Theoretical and Clinical Implications

1. George S. Klein, Ph.D. and Robert R. Holt, Ph.D. (Research Center for Mental Health, New York University, New York 3, N.Y.): 'Problems and Issues in Current Studies of Subliminal Activation.'

2. Dr Charles Fisher (F.A.P.A., Mt. Sinai Hospital, New York 28, N.Y.): 'Subliminal and Supraliminal Influences in Dreams.'

3. Lester Luborsky, Ph.D., and Howard Shevrin, Ph.D. (Menninger Foundation, Topeka, Kansas): 'Subliminal Stimulation and Defensive Style.'

4. Dr I. Arthur Mirsky (F.A.P.A., 3811 O'Hara Street, Pittsburgh 13, Pa.): 'Affective Responses of Monkeys to Visual Stimuli.'

CANADIAN PSYCHOANALYTIC SOCIETY

1637 Sherbrooke Street West, Montreal 6, Quebec

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Dr Irvine Schiffer (Toronto): 'Observations on Eyes and Eye Posturology in Analysis.' Hôpital Ste. Justine, Montreal.

Dr T. Szasz (Syracuse, N.Y.): 'Discussion of his book: 'Pain and Pleasure.'

Dr W. C. M. Scott (Montreal): 'Identification.' Hôpital Ste Justine, Montreal.

Film Show and Discussion of Norman McLaren Cartoons. Jewish General Hospital, Montreal.

Dr J. Aufreiter (Montreal): 'A Case of a Schizophrenic Girl.' Jewish General Hospital, Montreal.

Dr N. B. Epstein (Montreal): 'Ego Problems in Psychoanalytic Technique.' Jewish General Hospital, Montreal.

Dr G. Bychowski (New York): 'The Fringe of the Psychosis.' Cody Hall, Toronto.

Dr Bruce Ruddick (New York): 'The Creative Trance' (Preliminary Report). Jewish General Hospital, Montreal.

Dr M. Balint (London, England): 'Primary Love.' Jewish General Hospital, Montreal.

Prof. André Lussier and Dr J. B. Boulanger (Montreal): 'Psychothérapie et Psychanalyse: Considérations psychodynamiques sur un cas de malformation congénitale.'

Dr T. Statten (Montreal): 'Les Angoisses et les défences chez l'enfant déprimé.'

Additional Events

Dinner Discussion in Montreal of the *Problem of Statistics in Psycho-analysis*, with Dr H. Weinstock as guest.

Drs Boulanger, MacLeod and Scott represented the Canadian Psychoanalytic Society in a Joint Panel Discussion with the Psychiatric Section of the Montreal Medico-Chirurgical Society and the Société Canadienne d'Etudes et de Recherches Psychiatriques on the theme of Pregnancy and Parturition.

Several members and students attended the International Paediatrics Conference in Montreal. Dr Scott opened a discussion on Dr Char's paper: 'Psycho-analysis and Training in Paediatrics.'

Dr Parkin read a membership paper before a panel of the British Psycho-Analytical Society.

Joint Meeting with the Psychiatric Section of the Montreal Med. Chi. Society and the Société Canadienne d'Etudes et Recherches Psychiatriques in February 1959.

MEXICAN PSYCHOANALYTIC ASSOCIATION

Puebla No. 194, Mexico 7, D.F.

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Dr M. Deutch (New York): 'Group Dynamics.'

Dr M. Markowitz (New York): 'The Role of Authority in the Group.'

Dr A. Kadis (New York): 'Insights Gained from Group Psychotherapy.'

Dr Fernando Cesarman: 'Change of Object-relations during Treatment of a Homosexual Patient.'

Dr Lucie Jessner (Chapel Hill): 'Sexual Development in Women.'

Dr Gustav Bychowsky (New York): 'Release of the Introjects.'

Dr S. H. Foulkes (London): 'Changing Ideas as to the Doctor-Patient Relationship in Psycho-analysis.'

Dr Karl Menninger: 'On Training Analysis.'

Dr Francisco González Pineda: 'Psychotic Episodes in Hysteria.'

Dr Rudolf Ekstein (Los Angeles): 'Recent Problems in Teaching Psycho-analytic Technique.'

Dr Carlos Corona Ibarra: 'Foetal Reflex.'

Dr Luis Feder: 'Transference Crisis and Partial Mutations.'

Dr Santiago Ramírez: 'The Mother-Daughter Relationship and its Expression during the Menstrual Cycle.'

Dr Victor H. Aiza: 'Transference Mutations in the Treatment of a Homosexual.'

Dr Ramón Parres (given at the University of N. Carolina): 'Dynamics of the Mexican Family.'

Dr Ramón Parres (Alumni day Columbia University Psychoanalytic Clinic N.Y.): 'The Founding of the Mexican Psychoanalytic Association and Institute.'

Dr Rafael Barajas: 'Iatrogenic Disease.'

Dr F. Cesarman: 'Psycho-analytic Principles in Medicine.'

Dr José Luis González: 'Magic in Psychotherapy.'

Dr Ramón Parres: 'Psycho-analytic Education in Mexico.'

Dr F. Arizmendi: 'Organization of the Psychiatric Service at the Military Hospital.'

Dr J. Cardeña: 'A New Concept of the Patient.'

Dr F. Díaz Infante: 'Psychodynamics in Psychosomatic Medicine.'

Dr R. H. García: 'Psychoanalytic Approach to the Peptic Ulcer Patient.'

Dr G. Montañó: 'Treatment of Acute Schizophrenia.'

Dr L. Moreno Corzo: 'Psychotherapy for the General Practitioner.'

Dr A. Palacios: 'Psychological Problems in Young Diabetic Patients.'

Dr H. Prado Huante: 'Psychogenic Factors in Skin Diseases.'

Dr G. Valner: 'What is Psychosomatic Medicine?'

This Society has been concerned with social research in the psychology of the Mexican. The Editorial Programme was started in January 1959, with publication of two monographs; seven more books are forthcoming during the present year.

The Association organized a programme for the laity, of conferences and film exhibits on emotional problems and of the application of psycho-analytic theory to social studies, art and related disciplines.

SOUTH AMERICA

ARGENTINE PSYCHOANALYTIC ASSOCIATION

Anchorena 1357, Buenos Aires

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Dr Arnaldo Rascovsky: 'Primitive Development of the Individual.'

Dr Heinrich Racker: 'Classical Technique and Present Techniques in Psycho-Analysis.'

Professor Arminda A. de Pichon Riviere: 'Psycho-analytic Teaching.' (The above three papers were discussed in a Round Table and subsequently presented at the Second Latin-American Psycho-analytic Congress at São Paulo.)

Dr Fidas Cesio: 'Lethargy: A Contribution to the Study of Negative Therapeutic Reaction.'

Miss María Esther Morera: 'Some Aspects in the Analysis of a Child.'

Dr Rebe Grinberg: 'Characteristics of Object-Relations in a Claustrophobia.'

Dr Heinrich Racker: 'The Study of some Early Conflicts through their Return in the Analysand's Relation to Interpretation.'

Dr Alberto Campo: 'First Stages in the Analysis of a Child with Neuro-Dermatitis.'

Mrs Isabel L. de Lamana: 'Communication Difficulties and their Relation with Denial of Mourning.'

Dr Guillermo Arcila: 'Observations on 'Transference-Love' in a Clinical Case.'

Dr Carlos Plata Mujica: 'The Phenomenon of the Double and its Relations with Fetal Psychism.'

Mrs Madeleine Baranger: 'Homosexuality and Confusion.'

Dr Eduardo Teper: 'A Patient who Falls Asleep During the Sessions.'

Dr Adolfo Dornbusch: 'Some Reflections on a Psycho-analytic Treatment.'

Dr Janine Puget: 'A Doll in Life and in Psycho-analytic Treatment.'

Mr Willy Baranger: 'The Notion of "Material" and the Temporal, Prospective Aspect of Interpretation.'

Mrs Madeleine Baranger: 'Bad Faith, Identity, and Omnipotence.'

Dr Jorge Weil: 'Early Anxieties and Dissociation in Fetishism.'

Dr Rebe Grinberg: 'The Meanings of Looking in Claustrophobia.'

Miss María Esther Morera: 'Relation Between Oral and Anal Elements in a Case of Obsessional Neurosis.'

Dr Joel Zac: 'Notes on a Clinical Case. Learning in the Object Relationship.'

Dr Emilio Rodriugué: 'Play-Interpretation (A Study of Means of Expression).'

Dr Alberto Fontana: 'Links Between the Phantasy of Intrauterine Repression with Hypochondria and Psychopathy.'

Dr Gustavo Quevedo: 'Contributions to the Study of Magic.'

Dr Francisco Perez Morales: 'Aspects of the Analysis of a Prostitute.'

Dr León Grinberg: 'Relations between Analysts,' followed by a discussion on 'A Study of the Emotional Climate of Psycho-analytic Institutes.'

Dr Marie Langer: 'Psychological Difficulties of Beginner-Analysts.'

Lecture Course for Friends of the Argentine Psychoanalytic Association

This Association gave a lecture course for friends of the Argentine Psychoanalytic Association, which covered a wide variety of subjects.

The Association has also participated in the Second Latin-American Psychoanalytic Congress in São Paulo. The Members of the A.P.A. also took part in several congresses, such as those on Group Psychotherapy, Spanish American Medical Psychology, etc.

In the Association several scientific groups are at work, which are carrying out investigations of different kinds (Fetal Psychism, Psychosomatic Medicine, Counter-Transference, Psycho-analytic Technique, etc.).

BRAZILIAN PSYCHOANALYTIC SOCIETY (SÃO PAULO)

Rua Araujo, 165-5°, andar s/50, São Paulo

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

The Society held 21 Scientific and 9 Business Meetings. The following papers were read:

Dra A. Koch: "Primary Envy" in Early Childhood Development.'

Dr Darcy Uchoa: 'Psychopathology of Depersonalization.'

Drs Isaias Melsohn and Waldemar Cardoso: 'Primitive Mechanisms of Projection and Introjection from the Physiological and Psychological Point of View.'

Dra Zenaira Aranha (Rio de Janeiro): 'The Loss of the Object and its Relation to Interruptions during Analysis.'

Miss Margaret Gill: 'Technical Difficulties in a Paranoid Case.'

Dr Elgar de Almeida (Rio de Janeiro): 'Delusive and Delusory Ideas.'

Symposium: Dra Lygia Amaral, Dr Mario Yahn, and Dr Henrique Schlomann: 'On Paranoia and Homosexuality with Clinical Illustrations.'

Dr Darcy Uchoa: 'Diffusion and Social Importance of Psycho-analysis.'

Dr Durval Marcondes: 'Interpretation and Change.'

Symposium: Dra A. Koch, Mrs Judith Lazerda de Carvalho Andreuzzi (guest), and Dr Eduardo Etzel: 'Special Aspects in the Analysis of First- and Last-born Children.'

Dr Virgilio Bazant (guest): 'Case Presentation of a Paranoid Patient.'

Members of the Brazilian Psychoanalytic Society (São Paulo) participated in the Ibero-American Congress for Psychological Medicine in Rio de Janeiro.

RIO DE JANEIRO STUDY GROUP OF THE BRAZILIAN PSYCHOANALYTIC SOCIETY (SÃO PAULO)

*(Grupo de Estudos da Sociedade Brasileira de
Psicanálise São Paulo—no Rio de Janeiro)*

Rua Bolivar, 54 gr. 1004. Rio de Janeiro, Brazil

The Rio de Janeiro Study Group of the Brazilian Psychoanalytic Society (São Paulo) was recognized at the Copenhagen Congress as an independent Component Society of the International Psycho-Analytical Association.

Scientific Meetings

During the year 1958-59 the Study Group has held 26 Scientific meetings.

Scientific Papers (with Discussion)

Dr M. T. Moreira Lyra: 'Technical Problems in the Analysis of Children.'

Dr Decio S. de Souza: 'Some Technical Problems Concerning Interpretation.'

Dr Walderedo I. de Oliveira and Dr Ernesto La Porta: 'A Psychotics Group and the Psychotic Content of the Group Situation.'

Dr Zenaira Aranha: 'Anxieties and Defences caused by Week-end Interruptions.'

Dr Alcyon B. Bahia: 'Primitive Anxieties Occurring During the First Months of Analysis.'

Dr Walderedo I. de Oliveira: 'Parricide, Guilt, and Reparation.'

Dr Decio S. de Souza: 'Annihilation and Reconstruction of the World in a Case of a Schizophrenic Girl.'

Clinical Communications (with Discussion)

Dr M. T. Moreira Lyra: 'Clinical Notes on the Analysis of a Girl Two and a Half Years Old.'

Dr. Decio S. de Souza: 'Clinical Notes on the Analysis of a Boy Eleven Years Old.'

Dr João Côrtes de Barros: 'Transference Aspects Illustrated by Oniric Material.'

Dr Luiz de L. Werneck: 'Problems Occurring in the Analysis of a Paranoid Patient.'

Dr Pedro de F. Ferreira: 'The Two First Sessions in the Analysis of a Boy Five Years Old.'

Dr Mário Pacheco de A. Prado: 'Some Technical Aspects Concerning the Predominant Use of "Acting Out" and "Acting In" by an Adolescent Patient.'

Dr Luiz de L. Werneck: 'Notes on Counter-transference in the Analysis of a Case of a Paranoid Patient.'

Dr Inaura C. L. Vetter, Dr. João Côrtes de Barros, and Dr Luiz de L. Werneck: 'Problems of Suicide and Attempt at Suicide.'

Dr M. T. Moreira Lyra: 'Some Problems in the Analysis of a Child Ten Years Old.'

Dr Inaura C. L. Vetter: 'Comments on the Transference Aspects of Manic Defence in a Hypochondriacal Patient.'

Dr Luiz de L. Werneck: 'Technical Problems Concerning the Interruption and Reassumption of Analytic Treatment.'

Dr Edgard G. de Almeida: 'Comments on the Termination of an Analytic Treatment—a Case Report.'

Dr Luiz de L. Werneck: 'Technical Problems on the Patient's Family.'

Dr Decio S. de Souza: 'Notes on a Schizophrenic Type of Behaviour in a Girl Patient.'

Discussion of Papers

Discussion of papers on the Termination of Psycho-analytic Treatment by A. Reich, E. Buxbaum, M. Milner, W. Hoffer, M. Balint, J. Rickman, H. Bridger, M. Klein, and S. Payne.

Discussion of papers by Dr Heinz Hartmann and Collaborators: 'Comments on the Formation of Psychic Structure', 'Notes on the Theory of Aggression', and 'Comments on the Psycho-analytic Theory of the Ego.'

Report

Dr Decio S. de Souza: 'Report on the 21st International Psycho-analytical Congress.'

Lectures

Lectures on psycho-analytic subjects were given in the 'Educational Research Institute' of the Municipality of the City of Rio de Janeiro by Drs Danilo Perestrello, Marialzira Perestrello, Pedro de Figueiredo Ferreira, and Walderedo I. de Oliveira.

Paper Read at the Brazilian Psychoanalytic Society (São Paulo)

Dr Edgard G. de Almeida: 'On the Prevalent Idea.'

CHILEAN PSYCHOANALYTIC ASSOCIATION

Casilla 6507, Santiago, Chile

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

E. Bondiek: 'The Technique of the Analysis of Transference.'

E. Bondiek: 'Psycho-analysis of a 3-year-old girl.'

H. Davanzo: 'Familiar Group in Dynamic Diagnostic.'

H. Ganzaraín: 'Relationships among Analysts.' Official Report to the 3rd Latin-American Congress of Psycho-Analysis which will take place in Santiago, Chile.

G. Gil: 'Psychotherapy of Marriage Problems.'

J. A. Infante: 'Dynamics of Female Promiscuity.'

I. Matte-Blanco: 'Problems of Objectivity in Psycho-analytic Investigation.' Official Report to the 2nd Latin-American Congress of Psycho-Analysis at São Paulo, Brazil, August 1958.

F. Oyarzún: 'Symbolism in the Work of E. Jones.'

F. Oyarzún: 'Formal Psychodynamisms. Contribution to Ego and Character Psychology and Psychopathology.'

S. Rodríguez: 'A Psychopathographic Study on Orlie Antoine de Tourens.'

E. Rosenblatt: 'Some Biographic and Neurotic Data on Sexual Impotence.'

G. Whiting: 'Doctor-Patient Relationship as a Basic Element in Psychotherapeutic Training of Students of Medicine.' Official Report to the 3rd Ibero-American Congress of Medicine and Psycho-analysis at São Paulo, August 1958.

Apart from the year's curriculum and selection

of candidates, this Association also took part in analytical group psychotherapy.

RIO DE JANEIRO PSYCHOANALYTIC SOCIETY

Rua Fernandes Guimarães 92, Botafogo,
Rio de Janeiro, Brazil

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Symposium Discussion on 'The Psychoanalytic Polyclinic.' Co-ordinator: Dr W. W. Kemper (8 meetings).

Edward S. Tauber: 'Dreams and Prelogical Experience.'

Dr Gerson Borsoi: Discussion on León Grinberg's paper 'Relationship Between Analysts.'

Drs Max Rosenbaum and Asya L. Kadis: 'Analytical Group Psychotherapy.'

Dr Sara Furquim de Almeida: 'On the Castration Syndrome—a Clinical Case.'

Dr Leão Cabernite: 'Dreams Drawings of a Psychotic Patient.'

Dr Helio Pellegrino: 'The Oedipus Complex—a New Re-evaluation.'

Dr Otavio Salles de Barros: 'The Language and the Analytic Situation.'

This Society has joined the 2nd Ibero-American Congress of Psychological Medicine, held at Rio de Janeiro (Brazil) in 1958, the 2nd Latin-American Psycho-analytic Congress at São Paulo (Brazil) in 1958, the 5th Congress of Psychiatry, Neurology, and Mental Hygiene held in Baía (Brazil) in 1958, the 10th Congress of Gastro-Enterology in 1957 (Rio de Janeiro) and the 1st Psycho-somatic Medicine Seminar (1958) held in Porto Alegre, Rio Grande do Sul (Brazil). It has joined in two Symposia in the 'Associação Paulista de Medicina' in São Paulo, Brazil and was in charge of lectures at the beginning of the course in Gynaecology and Obstetrics (1957) at the School of Medicine (University of São Paulo), and of one lecture at the Institute of Pediatrics in the University of Brazil (1957), and another in the School of Medicine (University of São Paulo, Ribeirão Preto, Brazil).

The Society has started a Polyclinic for giving psycho-analytic help to children and adults unable to pay for it. The main line of our work, in order that a large group can be helped, is *group analysis*. Thirty-two persons are being assisted, and more than eighty people were seen and interviewed by us. Three groups consisting of people with gastro-enterologic disturbances (eleven patients) are conducted at the School of Medicine in São Paulo (Hospital das Clinicas) with periodic laboratory and X-ray control, and one group of students from the fourth and fifth year of the School of Medicine (Univ. of São Paulo), all the three under psycho-analytic group technique. One case has been presented to the 10th Congress of Gastro-Enterology,

and to the Sociedade Brasileira de Psicanalise (São Paulo).

EUROPE

BELGIAN PSYCHO-ANALYTICAL SOCIETY

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Dr J. Bourdon: 'Les dépressions et leur psychothérapie.'

Le XXe Congrès des Psychanalystes de langues romanes s'est tenu à Bruxelles du 15 au 17 février 1958, sous les auspices de la Société Psychanalytique de Paris; deux rapports y furent présentés et discutés; par les Drs S. Nacht et P. Racamier: La théorie psychanalytique du délire; par le Dr Chr. Muller: Les thérapeutiques psychanalytiques des psychoses.

Etudes pendant ces 2 années. En séminaires cliniques: la phobie, l'hystérie, les perversions—les indications et contre-indications de la cure analytique. En séminaire de théorie et de textes: vue d'ensemble à l'aide des travaux de S. Freud: 'Abrégé de psychanalyse', 'Technique psychanalytique', 'Essais de psychanalyse' et plus particulièrement 'La Moi et le Soi.'

En séminaires de théorie de la technique: Les principes de base de la technique dans l'analyse de l'adulte.

En séminaires de technique: Etudes d'anamnèses; d'un cas d'homosexualité et d'un cas d'hystérie.

En plus, un nombre de séances a eu lieu, pendant lesquelles des cas ont été présentés par des membres, illustrant le criterium d'indication et de contre-indication d'analyse. Un nombre de séances a été consacré à la discussion du traitement en groupe.

BRITISH PSYCHO-ANALYTICAL SOCIETY

63 New Cavendish Street, W.1.

LIST OF SCIENTIFIC MEETINGS 1958-59

The Society has held 15 Scientific Meetings during the academic year 1958-59.

Dr C. F. Rycroft: 'The Analysis of a Paranoid Personality.'

Dr H. Rosenfeld: 'Psychopathology of Hypochondriacal States.'

Dr J. Bowlby: 'Separation Anxiety.'

Dr J. Bowlby: 'Continuation of Discussion of "Separation Anxiety".'

Dr J. Bowlby: 'Continuation of Discussion of "Separation Anxiety".'

Mr J. Robertson: 'Short excerpt from the film "A Two Year Old Goes to Hospital" followed by the film "Going to Hospital with Mother".'

Mr Masud Khan: 'Regression and Integration in the Analytic Setting.'

Mr J. J. Sandler: 'On Feeling Safe.'

Dr D. W. Winnicott: 'Classification.'

Dr S. S. Davidson: 'On Catatonic Stupor and Catatonic Excitement.'

Dr W. Hoffer: 'A Reconsideration of Freud's Concept "Primary Narcissism".'

Dr H. S. Klein: 'The Use of Analysis in a Child Psychiatric Unit.'

Dr D. Meltzer: 'Note on a Transient Inhibition of Chewing.'

Dr B. Morrison: 'A Comparison of Biologically Determined with Psychologically Determined Behaviour in Children in Hospital.'

Dr M. Little: 'The Beginning of a Sublimation.'

Dr M. Gitelson (Chicago): 'A Critique of Current Concepts in Psychosomatic Medicine.'

MEMBERSHIP PANEL

During the year 5 Associate Members have read Membership Papers before the Panel and were recommended for full membership.

List of Papers read to the Membership Panel

Dr H. M. Southwood: 'Hysterical Pseudo-Memories and Dream States.'

Dr A. Limentani: 'Some Observations on a Case of Hysteria with Schizoid Features.'

Dr I. Gluck: 'Some Aspects of the Analysis of an Animal Phobia.'

Dr J. Klauber: 'An Urethral Fixation in a Megalomaniac Patient.'

Dr F. W. Graham: 'A Case of Learning-Inhibition.'

CLINICAL ESSAY PRIZE

Eleven entries were received for the 1958 Prize and the Judges were unanimous in recommending Mr J. J. Sandler, London, as the Prize-winner for his essay entitled 'The Body as Phallus'. The essay was published in Part 3/4 of Volume 40 of the *International Journal of Psycho-Analysis*.

REPORT OF THE AUSTRALIAN SOCIETY OF PSYCHO-ANALYSTS

(The Australian Branch of the British Psycho-Analytical Society)

Scientific Meetings

Mrs V. Roboz (by invitation): 'The Analysis of a Compulsive Character.'

Dr R. Rothfield: 'Review of a visit to New York at the time of the Fall 1958 Meeting of the American Psychoanalytic Association.'

DANISH PSYCHO-ANALYTICAL SOCIETY

Scientific Meetings, 1958-59

Margareta Bjerg Hansen, Ph.D.: 'Die Sublimierung.'

Dr Donald Buckle: 'Some Applications of Psychoanalysis in the Work of W.H.O.'

Dr Thorkil Vanggaard: 'The Concept of Neurosis.'

Reimer Jensen, Ph.D.: 'Treatment of Stammerer.'

Dr Mary Fallesen: 'A Borderline Case.'

Seminars, 1958-59

Dr Thorkil Vanggaard: 'Clinical and Technical Seminars.'

Dr Erik Bjerg Hansen: 'Psychopathology based on Otto Fenichel: The Psycho-analytic Theory of Neurosis.'

DUTCH PSYCHO-ANALYTICAL SOCIETY

J. W. Brouwersplein 21, Amsterdam Z.

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

A. de Blecourt: 'Clinical Report.'

H. M. Engelhard: 'Clinical Report.'

Dr J. T. Barendregt and Dr J. Bastiaans: 'Results of the T.N.O.-Research.'

Dr Mrs E. C. M. Frijling-Schreuder: 'Indications for Psychotherapy in the Latency Period.'

Dr H. Musaph: 'Considerations on Itching.'

Mrs C. V. van Norden-Tan: 'Clinical Report.'

GERMAN PSYCHO-ANALYTICAL SOCIETY

Berlin-Schmargendorf, Sulzaer Strasse 3

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Edeltrud Seeger: 'Ein Fall eines begapten Psycho-
pathen mit Verwahrlosungserscheinungen.'

Frau Dworschak (Wien): 'Psychoanalyse u.
Sozialarbeit.'

H. E. Richter: 'Familiensoziale Rolle u. Neurose'

Helmut Thomä: 'Psychoanalyse der Nagersucht.'

H. E. Richter: 'Familiensoziale Rolle und Neurose, II Teil.'

Hans Joachim Dannenberg: 'Analyse eines jugendlichen Stotterers.'

Irmgart Morgan: 'Behandlung einer hysterischen Patientin.'

Fabian X. Schupper: 'Behandlung eines Falles von Homosexualität.'

Finn Hansen: 'Ein Fall von Kontaktstörung bei einer jungen Frau.'

Margarete Schmidt: 'Behandlung eines körperbehinderten Jungen mit psychogener Lernstörung.'

Gerhard Maetze: 'Ideologiebegriff und seine Bedeutung für die Neurosen-therapie.'

Wolfgang Auchter: 'Psychoanalyse im Gefängnis.'

Elise Schulte: 'Behandlung eines Falles von Enuresis.'

Renate Staewen: 'Bericht des bisherigen Behandlungsverlaufes einer Neurose mit phobischer und konversionshysterischer Symptomatik.'

Hermann Argelander: 'Die Bedeutung des Rorschach Tests für die psychosomatische Medizin.'

Margarete Mitscherlich: 'Eine Zwangsneurose mit einem unvollständig ausgebildeten Abwehrmechanismus der Isolierung und primärer Angst.'

Hermann Argelander: 'Ein Fall von Neurodermatitis.'

Erich Simenauer: 'Neuere Indikationen zur Psychoanalyse.'

Erich Simenauer: 'Falldarstellung einer Angst-hysterie mit psychosomatischen Komplikationen.'

ITALIAN PSYCHO-ANALYTICAL SOCIETY

Via E. Novelli 11, Roma

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Lectures

Several lectures on psycho-analytic subjects were given in Italian Universities and Learned Societies by Professor E. Servadio, Professor C. Musatti, and Professor Perrotti. Professor Servadio also lectured on several occasions on the Italian Radio.

Congresses

Individually, leading Members of the Italian Society have participated in many National and International Congresses (of Psychology, Psychiatry, Social Sciences, Parapsychology, etc.)

Research

The Society as such has not been concerned in any special research project or topics of special interest. Some members, however, have been doing so. Professor E. Servadio has continued his long-standing investigation regarding the psychodynamic study of alleged parapsychological phenomena. Professor C. Musatti has started a study regarding the confrontation of psycho-analytic and reflexological theories.

Scientific Meetings

During the period 1958-59 the Italian Society did not hold any meetings, but it was established that periodical scientific meetings will be held twice a year starting at the beginning of the academic year 1959-60.

PARIS PSYCHO-ANALYTICAL SOCIETY

187 Rue Saint-Jacques, Paris V

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Exposé du Dr Grunberger: 'Considérations sur l'Oralité et la Relation d'Objet Orale.'

Introduction par le Dr Luquet et le Dr Luquet-Parat d'un colloque sur: 'La Psychanalyse Verbale de Groupe.'

Exposé de Mme. le Dr Luquet Parat: 'La Place du Mouvement Masochiste dans l'Evolution de la Femme.'

Poursuite de la discussion du colloque sur: 'La Psychanalyse Verbale de Groupe' introduit par le Dr Luquet et Mme le Dr Luquet-Parat.

Exposé des Dr Fain et Dr Marty: 'Aspects Fonctionnels et Rôle Structural de l'Investissement Homosexuel au Cours des Traitements Psychanalytiques d'Adultes.'

Exposé du Dr Stein: 'La Mort d'Œdipe.'

Exposé du Dr Grunberger: 'Etude sur la Relation Objectale Anale.'

Exposé par Mme Chasseguet-Smirgel: 'Du Anal dans la Formation de l'Image du Corps.'

Exposé du Dr F. Pasche: 'Freud et l'Orthodoxie Judéo-Chrétienne.'

Le Congrès des Psychanalystes de Langues Romanes, organisé par l'Association des Psychanalystes de Belgique sous les auspices de la Société Psychanalytique de Paris, avec le concours des Sociétés Psychanalytiques Italienne et Suisse, a eu lieu les 15, 16 et 17 Février 1958 à Bruxelles:

Rapport théorique: Dr S. Nacht et Dr P.-C. Racamier (Paris): 'La théorie psychanalytique de délire.'

Rapport clinique: Dr Ch. Muller (Lausanne): 'Les thérapeutiques psychanalytiques des psychoses.'

Un Séminaire de Perfectionnement a eu lieu à l'Institut de Psychanalyse les 24, 25 et 26 Mai, 1958. Il a réuni à Paris des psychanalystes ou des candidats psychanalystes français et étrangers inscrits à un Institut ou à une Société psychanalytique, mais que le lieu de leur résidence empêche de participer régulièrement aux activités de ces Instituts ou Sociétés. L'occasion leur a été ainsi donnée de se retrouver et de discuter des problèmes continuellement soulevés par la pratique et la théorie psychanalytiques.

Nous avons collaboré étroitement à la formation des candidats du Groupe Luso-Espagnol et au perfectionnement de ses membres. Un enseignement régulier a été assuré par le Dr Diatkine à Barcelone sous forme de séminaires de contrôles de cures d'adultes et d'enfants, de théorie et de technique psychanalytique. D'autres membres de notre Société ont effectué également des exposés à Barcelone ou à Madrid.

En outre un certain nombre de nos membres ont été appelés à faire des conférences hors de France:

Le Dr Nacht a fait un séminaire à Madrid les 16, 17 et 18 Mai 1959 sur 'Les critères de la fin du traitement psychanalytique et la technique de la terminaison de la cure psychanalytique.' Il a présenté, en collaboration avec le Dr Lebovici et le Dr Diatkine, un rapport au Premier Congrès de Psychanalyse d'Amérique Latine, qui a eu lieu à São Paulo en Août 1958, s'intitulant 'Enseignement de la psychanalyse.' Il a été empêché, pour des raisons indépendantes de sa volonté, de répondre à l'invitation de la Société Psychanalytique de Rio de Janeiro auprès de laquelle il devait faire deux mois d'enseignement psychanalytique.

Le Dr Lebovici, au cours de la réunion de Copenhague, a été chargé par l'Organisation Mondiale de la Santé de diriger le Groupe d'Études sur la prévention en Santé Mentale chez l'Enfant.

Le Dr Marty et le Dr Fain feront en Juin un exposé à l'Association des Psychanalystes de Belgique sur 'Les aspects de la recherche psychosomatique.'

Le Dr Diatkine, en plus des séminaires et des contrôles effectués au sein du Groupe Luso-Espagnol, a donné des conférences en Suisse Romande et en Espagne.

Le Dr Held a traité à Lausanne le sujet suivant: 'Les difficultés du début du traitement psychanalytique.'

Mme le Dr Luquet-Parat et le Dr Luquet ont fait un exposé à l'Association des Psychanalystes de Belgique.

Monsieur Mauco a fait des exposés à Alger sur: 'Le Chantage affectif dans la relation parentale,' et à Bruxelles sur: 'Les Conséquences d'un traumatisme oral.'

Le Dr Racamier a présenté au Colloque International sur les Délires, qui s'est tenu aux Rives de Prangins, un rapport sur 'Psychanalyse et délires.'

Nous mentionnons, pour mémoire, sans les citer en détail, les activités de nos membres résidant à l'étranger.

Un Traité de Psychanalyse est actuellement en préparation.

La Psychanalyse d'Aujourd'hui, ouvrage paru en 1956 sous la direction du Dr Nacht, a été traduite en espagnol sous le titre: 'El Psicoanálisis hoy', et a fait l'objet d'un condensé à paraître à New York sous le titre: 'Psycho-analysis of Today.'

SWEDISH PSYCHO-ANALYTICAL SOCIETY

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Dr Edith Székely: 'Fragments from the Analysis of an Infantile Personality with Depressive Trends.'

Mrs Hjördis Simonsen: 'Silence as a Technical Problem in Analysis.'

Dr Bengt Naumann: 'A Case of Psychogenic Tremor.'

Klas Güettler, Ph.D.: 'Silence as a Technical Problem in a Case of Anorexia Nervosa.'

SWISS SOCIETY FOR PSYCHO-ANALYSIS

Gartenstrasse 65, Basel

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Frau Dr L. Parin-Mathey, 'Das Wunderkind und sein Scheitern.'

Madame Marcelle Spira: 'Etude du temps Psychologique.'

Frau Käthe Victorius: 'Über einen Fall von Agoraphobie.'

Dr Arno von Blarer: 'Gewähren und Versaeng in der Psychoanalyse eines phallisch narzistischen Homosexuellen.'

Dr h.c. Hans Zulliger: 'Über den Kastrationskomplex und Penisneid bei normalen Kindern.'

Direktor Dr med. Kielholz: 'Humor im Irrenhaus.'

Dr h.c. Hans Zulliger: 'Eine Deckerinnerung.'

Dr Ulrich Moser: 'Übertragungsprobleme in der Analyse eines chronisch schweigenden Charakterneurotikers.'

Dr R. de Saussure: 'Metapsychologie du plaisir.'

Dr Harold Lincke: 'Die Genese der Identifizierung und des Überichs.'

Dr de A. Zweig: 'Tierpsychologische Beiträge zur Phylogenese der Ich und Überich Instanzen.'

Dr med. F. Singeisen: 'Psychotherapie einer Depression.'

Dr med. Hans K. Maurer: 'Psychoanalyse eines infantilen Sexualneurotikers.'

Dr Pedro Luzes: 'Analyse d'un cas de névrose phobique.'

Gaston Descombes: 'Le Symbolisme du feu et de l'urine dans un cas de névrose.'

Dr med. A. E. Meyer: 'Analyseverlauf bei nicht-indiziertem Therapeutenwechsel.'

Dr med. Paul Parin: 'Die Abwehrmechanismen der Psychopathen.'

Professor Dr med. E. E. Krapf: 'Les Notions de Normalité et de Santé Mentale en Psychanalyse.'

VIENNESE PSYCHO-ANALYTICAL SOCIETY

Wien 1, Rathausstrasse 20

REPORT ON THE YEAR 1958-59 GIVEN AT THE ANNUAL GENERAL MEETING ON 10 MARCH, 1959

At the beginning of the year a festive meeting was held on 15 April, 1958, on the occasion of the 50th anniversary of the foundation of the Viennese Psycho-analytical Society. Dr Alfred Winterstein delivered the speech of the day.

At the same time a conference of training analysts of the Central-European Training Institute was held (14 April-15 April). Besides the training analysts of the Viennese Psycho-Analytical Society, the Vice-Presidents of the International Psycho-Analytical Association, Dr W. Hoffer, London, and Dr R. de Saussure, Geneva, as well as Dr Betlheim, Zagreb, Dr Ehebald and Dr Grodzicki, Hamburg, Dr van der Leeuw, Amsterdam, Dr Parin, Zurich, and Dr Scheunert, Berlin, took part.

The questions discussed were the co-operation in training as well as joint meetings, to be held regularly for about a week (beginning in Spring, 1959), for candidates and Members of the Austrian, German, and Swiss Societies. Teachers as well as guests of various psycho-analytic institutes would be invited to lecture on basic principles and problems of psycho-analysis, but these meetings should in no way resemble congresses where research work is presented and new theories debated. The training programme of the individual institutes concerned should thereby be improved and intensified and a chance be given to candidates to get to know other training analysts and their points of view.

Following the above conference, Dr Parin, Zurich, delivered a paper on his observations of primitive cultures in Western Africa.

Soon after these meetings, on 28 April, 1958, Dr Alfred Winterstein, Honorary President of the Viennese Psycho-analytical Society, died suddenly. With Dr Winterstein the Viennese Society has not

only lost its former President and representative of a 50-year-old tradition of the psycho-analytic movement, but also an image of scientific thoroughness and unshakable faith in the work of Sigmund Freud.

In the further course of the year of report the following scientific meetings were held:

Lecture given by Dr H. Strotzka on 'A Case of Character-Neurosis.'

Lecture given by Dr R. Sterba: 'Oral Invasion and Self-defence.'

Reading of a paper sent in by Dr Hansen-Kremenak, Copenhagen, on 'Sublimation.' Following this paper, Dr E. Buxbaum, Seattle, gave a report on ways children reacted to gadgets.

Lecture by Dr K. Eissler, New York, on 'Technical Problems of Analysis during Puberty.'

Lecture by Dr L. Bolterauer on the subject: 'Freud's Theory of Instincts and the Pleasure-Unpleasure-Polarity.'

Lecture by Dr Solms on 'Questions of Transvestitism.'

Lecture by Dr Bolterauer on 'The Theory of Instincts' (2nd Part).

Discussion on possibilities and indications for non-psycho-analytic psychotherapeutic methods. This discussion was to serve as starting-point for several scientific meetings on this subject in the future.

Lecture by Dr E. Heilbrun on 'A Case of Psychogenic Colour-blindness.'

Discussion of the two lectures given by Dr Bolterauer on 'The Theory of Instincts.'

Extending its scientific work, the Society started in the autumn of 1958 a post-graduate Seminar for its members, under the guidance of Dr Solms and Dr Heilbrun, where technical problems are treated. These seminars take place weekly, when no general scientific meeting is held. They are attended regularly by most members of the Society, full as well as associate, and have already proved productive.

Lecture by Dr Tea Genner-Erdheim on 'Conrad Ferdinand Meyer.'

Discussion on non-analytic ways of psychiatric treatment (Solms: medical treatment; Dworschak: casework).

Lecture by Dr H. Strotzka: 'Non-analytic Psychotherapy.'

Lecture by Dr R. Sterba on 'Michelangelo.'

Lecture by Dr L. Eidelberg: 'The Problem of Quantity.'

Lecture by Dr L. Friedman: 'Pregenital Identification and the Oedipus Situation.'

Lecture by Dr E. Ticho: 'Psycho-analysis and Psychotherapy.'

The Training Institute of the Viennese Psycho-analytical Association together with the German Psycho-analytical Association and the Swiss Psycho-analytical Society has organized a joint working conference at Anif near Salzburg the week of 22 to 27 March, 1959.

Seventy-six members and candidates of the three organizing societies as well as from Denmark, Finland, Holland, Israel, and Italy took part in these training sessions.

Dr R. Bak (President of the New York Psychoanalytic Society) was the guest speaker of the conference. His participation was made possible by the Psychoanalytic Foundation (New York).

The subjects of his two lectures were 'Perversions' and 'Schizophrenia.' He stressed the importance of the theory of the 'Aggressionstrieb' for the better understanding of these two groups of illnesses.

Speakers at the other scientific meetings were:

1. Doz. Dr L. Bolterauer (Wien) and Dr G. Scheunert (Berlin) on 'Triebtheorie'. Dr Bolterauer spoke on fundamental problems of the 'Trieblehre', Dr Scheunert on its development, especially with regard to the 'Aggressionstrieb'.

2. Dr H. Lincke (Zurich) and Dr F. Morgenthaler (Zurich) spoke on problems of the 'Traumlehre.' Dr Lincke presented mainly theoretical questions of the 'Traumbildung', while Dr Morgenthaler spoke on the interpretation of dreams during psychoanalytic treatment.

3. Dr E. Heilbrun and Dr P. Parin (Zurich), in their lectures, discussed theoretical questions. Dr Heilbrun pointed out special problems at the beginning as well as at the end of psychoanalytic treatment, and Dr Parin spoke on the countertransference in the various forms of defence.

4. Doz. Dr W. Solms (Wien) presented problems of the 'Differential-diagnose' from the psychiatric-clinical as well as the psychoanalytic point of view.

ASIA

INDIAN PSYCHO-ANALYTICAL SOCIETY

14 Parshibagan Lane, Calcutta 9, India

REPORT OF SCIENTIFIC ACTIVITIES 1956-59

In 1956 Dr N. W. Chatterjee read a paper 'A Note on a Case of Drug Addiction.'

During the year 1957 the following papers were read:

Dr N. N. Chatterjee: 'A Case of Borderland Psychosis.'

Dr N. N. Chatterjee: 'A Case of Manic-Depressive Psychosis.'

Dr T. C. Sinha: 'On Wish.'

During the year 1958 the following papers were read:

Dr Pierre Lacombe: 'The Skin in the Child-Mother Bond.'

Dr B. Bose: 'The Phenomenon of Compulsion to Repeat and its Metapsychological Significance.'

Dr Harald Kelman: 'Prognosis in Therapy.'

Dr N. N. Chatterjee: 'A Case of Washing Mania.'

Besides these, group discussions on different topics of both academic and other technical characters were regularly held every month.

Our members at Bombay and other places also

met at intervals, read papers, and discussed various other problems.

ISRAEL PSYCHOANALYTIC SOCIETY

13 Disraeli Street, Jerusalem

REPORT ON SCIENTIFIC ACTIVITIES 1958-59

Dr V. Bental and Dr R. Jaffe: 'Multiple Perversions and the Question of their Therapy.'

Dr V. Haas: 'The Problem of the First-Born.'

Dr D. Jacobs: 'Special Problems in a Case of Asthma.'

Dr S. Nagler: 'Learning Inhibitions in a Mathematician.'

JAPAN PSYCHOANALYTICAL SOCIETY

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

1. The so-called 'A' members of the Japan Psychoanalytical Association (about 300 inclusive of the members not trained psychoanalytically) are the members who are recognized as those of the component Society of I.P.A. in Japan. (We discriminate this Society from the Japan Psychoanalytical Association, calling it Japan Psychoanalytical Society.) The number of recognized members was 28 in 1957 and 41, including the associate members, in 1959. The detailed information about this matter was presented in the President's report by Dr Hartmann at the Business Meeting of the 20th International Psycho-Analytical Congress in Paris (see *International Journal of Psycho-Analysis*, 39, 2-4, p. 281).

The training of candidates (educational analysis and supervision) had been actively performed chiefly by the President, Dr Kosawa, until last year. But now, as he has been sick since then, the number of the students under training is decreasing.

The scientific meetings of the Japan Psychoanalytical Society have usually been held together with the meetings of the Japan Psychoanalytical Association. The main meeting was the annual general meeting, and details are given below. Research projects and changes in policy were also discussed at this annual general meeting. Twenty scientific meetings were held during this period.

2. *Special Projects:* (a) Studies on structures and processes of orthodox technique. (b) Problems of learning Psycho-analysis in Japan. (Symposium at the 4th Annual General Meeting of the Japan Psychoanalytical Association.)

Third Annual General Meeting of the Japan Psychoanalytical Association

The Third Annual General Meeting of the Japan Psychoanalytical Association was held at Keio University Hospital in Tokyo on 12 and 13 October, 1957. The total attendance at this meeting was about 200, and eighteen subjects of studies in all were presented at the General Scientific Meeting.

1. The main subjects presented by the members of the Japanese Branch of I.P.A. who are recognized officially by the Branch (inclusive of active and associate members) were:

Dr Masahisa Nishizo (Psychiatric Dept. of Kyushu Univ.): 'Oral Regression Observed in the Course of Psycho-analytic Therapy.'

Dr Keigo Okonogi (Psychiatric Dept. of Keio Univ.): 'Studies on Analytic Situation and Analytic Process (V): 'The Secondary Operational Reaction (S.O.R.).'

Dr Kenji Suzuki (Psychiatric Dept. of Keio Univ.): 'Psycho-analytic Studies on a Case of Dysphonia (I): 'On Dreams in the Psycho-analytic Process.'

Dr Susumu Takahashi (Psychiatric Dept. of Keio Univ.): 'Studies on the Patients of Homosexuality (III).'

Dr Makoto Takeda and Dr K. Tamura (Hiyoshi Hosp.): 'Psychological Responses during Insulin Treatment (II): 'On the Patient's Psychological Responses during Insulin Treatment.'

Dr Tadashi Abe (Psychiatric Dept. of Keio Univ.): 'Studies on the Psychodynamics of Psychogenic Tic, Psychogenic Facial Cramp, and Genuine Epilepsy.'

Dr Hirokazu Kurauchi (Psychiatric Dept. of Kyushu Univ.): 'A Trial Discussion on Hypnotic Regression Through the Use of Hypnosis.'

Dr S. Takahashi, Dr K. Okonogi, and Miss Reiko Kimura (Psychiatric Dept. of Keio Univ.): 'Psycho-analytic Study of Rorschach Test. 1. Examination of Roy Schafer's Thematic Analysis and Defence Interpretation.'

Dr Nobutaka Hirabayashi (Musashi National Mental Sanitarium): 'Psychodynamics of Interpersonal Relationship Between Patients, Nurses, and Doctors in Psychiatric Ward.'

Mr Jundo Oyama (Zen Buddhist Priest): 'The Theories of Psycho-analysis and Concept of the Three Consciousnesses (Vijñāna) in Buddhism (I): 'On the Id and Mana-Vijñāna.'

Mr Yoshio Kitami (Tokyo College of Science): 'Studies on Typical Dreams (II).'

These papers appeared in every issue of the *Japanese Journal of Psychoanalysis*, Vol. 5, published during 1958 and edited by the Japan Psychoanalytical Association.

2. The following three active members of the Japanese Branch of I.P.A. as guest speakers gave lectures as below:

Dr Taiei Miura (Professor of Psychiatry, Keio Univ., and Vice-President of the Japan Psychoanalytical Association): 'Problems of Psychosomatic Medicine.'

Dr Takeo Doi (Psychiatric Dept. of St Luke's International Hosp.): 'Development of Ego Psychology.'

Dr Koichi Ogino (Assistant Professor of Nanzan Univ.): 'Psycho-analysis in France.'

3. The Business Meeting of the Japan Psycho-

analytic Society as the Japanese Branch of I.P.A. was held on the afternoon of 13 October, and agreement was reached to separate as a general rule the Japan Psychoanalytical Association from the Japan Psychoanalytical Society and to entitle the recognized members of the latter to be 'A' members of the former.

Fourth Annual General Meeting of the Japan Psychoanalytical Association

The Fourth Annual General Meeting of the Japan Psychoanalytical Association was held at Keio University Hospital in Tokyo on 11 and 12 October, 1958. The total attendance at this meeting was over 250.

1. Twenty-two subjects of studies in all were presented at the General Scientific Meeting. Among those below mentioned are the main subjects of the scientific programme presented by the members who are recognized as those of the Japanese Branch of I.P.A. (inclusive of active members and associate members who are recognized as those of the Japanese Branch of I.P.A.).

Dr Makoto Takeda (Psychiatric Dept. of Keio Univ.): 'A Report on a So-called Border-line Case.'

Dr Tadashi Abe (Psychiatric Dept. of Keio Univ.): 'Psychotherapy of Schizophrenia.'

Dr Masahisa Nishizono (Psychiatric Dept. of Kyushu Univ.): 'Report on an Obsessive-Compulsive Neurotic Case Manifesting Schizophrenic State During Psycho-analytic Therapy.'

Dr Keigo Okonogi (Psychiatric Dept. of Keio Univ.): 'Studies on the Analytic Situation and Analytic Process (VII): 'Technical Aspect of Resistance Analysis in the Introductory Phase.'

Dr Tatsuo Shikano (Psychiatric Dept. of Keio Univ.): 'Analyst's Instruction on Regular Payment of Fees and its Affects on Patient's Transference.'

Dr Kenji Suzuki (Psychiatric Dept. of Keio Univ.): 'Psycho-analytic Studies on Erythrophobia (I).'

Dr Noriko Sato (Hiyoshi Hospital): 'Psycho-analysis of a 6-year-old girl of Psychogenic Reaction with Regular Repetitions of the Ego State Experienced under Trauma and Amnesia of this Reaction.'

Dr Hirokazu Kurauchi (Psychiatric Dept. of Kyushu Univ.): 'Psycho-analysis of a Male Homosexual Patient—Psycho-analysis of Angle and Circle Symbols.'

Dr Susumu Takahashi (Psychiatric Dept. of Keio Univ.): 'Psycho-analytic Studies of Homosexual Patients (IV).'

Dr Tsuneichi Ogino (Nanzan Univ.): 'Psychodynamic Analysis of "Blick Phobie" (I).'

Dr Keigo Okonogi and Mrs Reiko Baba: 'Psycho-analytic Studies on Rorschach Test (Examination of Roy Schafer's Thematic Analysis and Defence Interpretation).' 11. Obsessive-Compulsive Defensive Operations in Test Responses.'

Mr Yoshio Kitami (Tokyo College of Science): 'Studies on Typical Dreams (III).'

Mr Jundo Oyama (Zen Buddhist Priest): 'The Theories of Personality in Psychoanalysis and the Concept of the Three Consciousnesses (Vijñāna) in Buddhism (II): In the Super-ego and Alaya-Vijñāna.'

2. The Association held a symposium, on Our Problems in Learning Psycho-analysis, on Sunday, 12 October.

Moderator: Dr Katsumi Kakeda (Psychiatric Dept. of Juntendo Medical College).

Members: Dr Shigeharu Maeda (Psychiatric Dept. of Kyushu Univ.); Dr Takeo Doi (St Luke's International Hosp.); Dr Keigo Okonogi (Psychiatric Dept. of Keio Univ.).

Each member reported on his experience of the educational psycho-analysis and supervision he had received, giving his own opinion about it, and various problems on educational psycho-analysis in Japan were constructively discussed by the participants in the symposium. And,

1. The meanings of educational psycho-analysis and supervision were reaffirmed.

2. Besides, various subjects on training candidates, which has been performed chiefly by Dr Kosawa and Dr Yamamura, were positively discussed to bring about the future development.

3. The opinion that as we have few training analysts at present it will be an obstacle to our future training analysis and in its turn to the development of psycho-analysis itself was recorded. (The contents of each member's remarks at this symposium were published in the *Japanese Journal of Psychoanalysis*, 5, 6.) This symposium is considered as greatly significant to the Japan Psychoanalytical Society also, since this is the first time that the meaning of the educational system of psycho-analysis has been clearly confirmed in Japan.

2. AFFILIATE SOCIETIES OF THE AMERICAN PSYCHOANALYTIC ASSOCIATION

ASSOCIATION FOR PSYCHOANALYTIC MEDICINE OF NEW YORK

20 East 65th Street, New York 21, N.Y.

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Dr Robert A. Senescu: 'Technique of Psychotherapy of Patients with Malignant Neoplastic Disease.'

Dr Charles W. Socarides: 'Pregenital Conflict in Fetishism.'

Dr H. Donald Dunton and Dr Hilde Bruch: 'Psychological Observations on Children with Congenital Atresia of the Oesophagus.'

Dr Nathan W. Ackerman, Dr Paul Goolker and Dr Lionel Ovesey: 'Transference and Counter-transference in Psychoanalytic Therapy.'

Dr Sandor Rado: 'The Therapeutic Process.'

Dr Nathan W. Ackerman: 'Family Diagnosis and Therapy.' Film Demonstration of Interview Process.

Dr Howard Davidman: 'Reflections on the Development of Congenital Blind Children.'

Dr Terry C. Rodgers: 'From Reformer to Persecutor.' A Case Report.

Dr Jack Sheps: 'Defences Against Aggression in Borderline States.'

Dr C. Downing Tait, Jr., Nina B. Trevvett, M.S.W., and Dr Emory F. Hodges: 'Psychoanalytic Study of Delinquents' Families in a Therapeutic Community.'

BALTIMORE PSYCHOANALYTIC SOCIETY

821 N. Charles Street, Baltimore 1, Maryland

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Drs Bing, Marburg and McLaughlin: 'The Concept of Narcissism.'

Dr Morris F. Oxman: 'Massive Seduction in a History of Childhood Neurosis.'

Dr Reginald S. Lourie: 'The Problems of Personality Development in Brain-damaged Children.'

1957-58 Post-graduate seminar: 'Fundamentals of Psychiatry and Psychosomatic Medicine—Principles of Diagnosis and Treatment.'

1958-59 Post-graduate seminars: 'Psychiatry for the Internist.' 'Psychiatric Aids to Pediatric Problems.'

THE BOSTON PSYCHOANALYTIC SOCIETY

15 Commonwealth Avenue, Boston 16, Massachusetts

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Gregory Rochlin, M.D.: 'The Loss Complex.'

Paul G. Myerson, M.D.: 'Awareness and Stress.'

Peter H. Knapp, M.D., and Joseph Nemetz, M.D.: 'Acute Bronchial Asthma.'

William F. Murphy, M.D.: 'Ego Integration, Trauma and Insight.'

The Society has participated in the following:

1. 25th Anniversary Celebration of Boston P.S.I.—30 November, 1958.

2. Edward Bibring Memorial Meeting: Anna Freud and David Rappaport, speakers—14 April, 1959.

3. Annual Spring and Mid-Winter meetings of the American Psychoanalytic Association.

The Society has also been concerned in the following projects:

1. Pilot Study on Patients Selected for Students' Clinical Cases (Institute Analysis).

2. Creation of Research Committee to stimulate

and foster research in clinical and theoretical aspects of psycho-analysis.

3. Levin, S.: 'A Study of Fees for Control Analysis.' *Bulletin of Phil. Assoc. for Psychoanal.*, 8, 3 September, 1958.

4. Workshop on 'The Conversion Process' and publication of *On The Mysterious Leap from the Mind to the Body*, F. Deutsch, Ed., Intern. Univ. Press, N.Y., 1959.

CHICAGO PSYCHOANALYTIC SOCIETY

664 N. Michigan Avenue, Chicago 11, Illinois

REPORT OF SCIENTIFIC ACTIVITIES 1958-59

Dr Maxwell Gitelson: 'Psychosomatic Phenomena.' Conversion or Anxiety Equivalent? Theoretical and Therapeutic Implications.'

Dr Margaret Little: 'Notes on Technique in the Analysis of Transference Psychosis (Delusional Transference).'

Dr Thomas M. French and Dr David R. Wheeler: 'Hope and Repudiation of Hope in Psychoanalytic Therapy.'

Dr Arthur H. Schmale, Jr.: 'Unresolved Object Loss as an Antecedent to Medical Disease.'

Dr Robert Gronner: 'Contingency and Certainty: a Reductionist Hypothesis Regarding the Borderline States.'

Dr Joan Fleming and Dr Sol Altschul: 'Activation of Mourning in Psychoanalysis.'

Dr Robert Seidenberg: 'An Unusual Oral Symptom Complex.'

Dr Philip F. D. Seitz: 'Parental Exploitation and Masochistic Revenge.'

THE CLEVELAND PSYCHOANALYTIC SOCIETY

Hanna Pavilion, University Hospitals, 2040 Abington Road, Cleveland 6, Ohio

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Dr Charles Brenner: 'The Masochistic Character: Genesis and Treatment.'

Discussion led by Dr Charles Brenner of his article: 'The Nature and Development of the Concept of Repression in Freud's Writings.' (*Psychoanalytic Study of the Child*, 1957).

Dr Samuel H. Lerner: 'The Daredevil.'

Dr Sibylle Escalona: Dr Escalona led in discussion of her two papers 'Problems in Psychoanalytic Research.' (*International Journal of Psychoanalysis*, 1952, 33, Part 1) and 'The Impact of Psychoanalysis upon Child Psychology.' (*Journal of Nervous and Mental Diseases*, May 1958, 126, No. 5).

Dr Grete L. Bibring: 'Some Aspects of a Pregnancy Project.'

Dr Walter Musta: 'The Analysis of the Passive Male.' (Some Clinical and Technical Aspects.)

Dr Jacob A. Arlow: 'The Concept of Regression and the Structural Hypothesis.'

Dr Jacob A. Arlow: 'Fantasy Systems in Twins.'

The Cleveland Psychoanalytic Society held a total of thirteen scientific meetings during this two-year period.

This Society also participated in the Joint Philadelphia-Cleveland Congress held annually in Philadelphia in June.

DETROIT PSYCHOANALYTIC SOCIETY

1112 Kales Buildings, Detroit 26, Michigan

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Michael Balint, M.D.: 'Object Relationship.'

John M. Dorsey, M.D.: 'The Perceptual System.'

William V. Silverberg, M.D.: 'Episodic Memory Lapses as a Resistance.'

J. Clark Moloney, M.D.: 'Testament of the Sun,' Part 1.

J. Clark Moloney, M.D.: 'Testament of the Sun,' Part 2.

LOS ANGELES PSYCHOANALYTIC SOCIETY

344 North Bedford Drive, Beverly Hills, California

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Leo Rangell, M.D.: 'The Nature of Conversion', Ralph R. Greenson, M.D.: 'Anxiety, Phobia and Depression.'

The Society has also participated in the following: Anna Freud Lectures, 1958, jointly with the Institute and Society for Psychoanalytic Medicine of Southern California.

Camarillo State Hospital (Schizophrenia research project, under the National Institute of Mental Health).

Rand Corporation (Dr Aronson, a candidate, is permanent consultant on this project, but information is classified and not available for publication).

MICHIGAN ASSOCIATION FOR PSYCHO-ANALYSIS, INC.

18466 Wildemere Avenue, Detroit 21, Michigan

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Richard F. Sterba, M.D.: 'Present Status of Psychoanalysis in Middle European Countries.'

Jack Dorman, M.D.: 'Ego Autonomy.'

Alexander Grinstein, M.D.: '"Family Transference" and Acting Out.'

NEW JERSEY PSYCHOANALYTIC SOCIETY

377 S. Harrison Street, East Orange, New Jersey

The New Jersey Psychoanalytic Society was organized on 24 January, 1959.

It was accepted as an Affiliate Society by the American Psychoanalytic Association on 26 April, 1959.

THE NEW ORLEANS PSYCHOANALYTIC SOCIETY

1328 Aline Street, New Orleans 15, Louisiana

LIST OF SCIENTIFIC ACTIVITIES, 1958-59

Dr Norman Rucker: 'Notes on a Training Program.'

Dr Anna C. D. Colomb: 'Further Remarks on Psychoanalytic Training.'

Dr Augusta Bonnard of London: 'Pre-Body-Ego Types of (Pathological) Mental Functioning.'

Dr Robert Gilliland: 'The Quest for Prestige as a Device to Promote Personal Acceptance.'

Dr Russell Monroe: 'Existentialism and Psychiatry.'

Dr Irwin Marcus: 'Research on the Accident Problem.'

Dr David Freedman: 'Women who Hate Their Husbands.'

THE NEW YORK PSYCHOANALYTIC SOCIETY

247 East 82nd Street, New York 28, N.Y.

LIST OF SCIENTIFIC ACTIVITIES 1958-59

Dr Martin H. Stein: 'Reconstruction and Fantasy.'

Dr John Frosch: 'Manifestations of the Family Romance in the Transference.'

Dr Robert C. Bak: 'Questions Regarding the Changing Concepts in the Theory of Psychoanalytic Etiology.'

Dr George Gero: 'Sadism, Masochism, Aggression—Their Rôle in Symptom Formation.'

Dr Arnold Z. Pfeffer: 'A Procedure for Evaluating the Results of Psychoanalysis.'

Dr Charles Fisher: 'Further Observations on the Poetzl Phenomenon: A Study of Day Residues.'

Dr Edward Joseph: 'An Unusual Fantasy in a Twin With a Discussion of the Nature of Fantasy.'

Dr Sylvia Brody: 'Rocking in Infancy.'

Dr Leo A. Spiegel: 'Self, Self-Feeling and Perception.'

Dr Charles Brenner: 'The Masochistic Character: Genesis and Treatment.'

Dr Anita I. Bell: 'The Psychological Consequences of Physical Illness in the First Three Years of Life.'

Dr Herman Nunberg: 'The Minutes of the Vienna Psychoanalytic Society—An Introduction' (Brill Memorial Lecture).

Dr Paula Elksch (by invitation)—Dr Margaret S. Mahler: 'On Infantile Precursors of the "Influencing Machine" (Tausk).'

Dr Heinz Hartmann: 'Psychoanalysis and Moral Values' (Freud Anniversary Lecture).

Dr Edith Jacobson: 'The "Exceptions"; an Elaboration on Freud's Character Study.'

Dr Mortimer Ostow: 'The Psychic Function of Depression: A Study in Energetics.'

Dr Kenneth T. Calder, Dr Oscar Sachs, Dr

Julian L. Stamm, and Dr Walter A. Stewart: 'Identification.'

The Society has also been concerned in the following research projects or topics:

1. *The Gifted Adolescent Project*: This is a psychoanalytic study of a group of young adults with unusual creative gifts in the arts or sciences.2. *The 'Oberndorf' Project*: This is a follow-up study of the results of treatment of cases seen in the Treatment Center of the New York Psychoanalytic Institute and in private practice.3. *Study of Criteria for the Selection of Candidates*.4. *Predictions Project*: The prediction of suitability of a patient for analysis by a student analyst in supervision.

THE PHILADELPHIA ASSOCIATION FOR PSYCHOANALYSIS

122 South 18th Street, Philadelphia 3, Pennsylvania

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Albert J. Kaplan, M.D.: 'A Type of Oral Transference Resistance.'

Maurits Katan, M.D.: 'Freud's Article on Schreber.'

The Philadelphia Association participated in the Annual Freud Memorial Lecture.

THE PHILADELPHIA PSYCHOANALYTIC SOCIETY

1636 Walnut Street, Philadelphia 3, Pennsylvania

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Drs Aaron T. Beck, Herbert H. Herskovitz, and Leon J. Saul (Panelists): 'Rôle of Hostility in the Transference-Counter-Transference Relationship.'

Bertram D. Lewin, M.D. (Guest Speaker), Drs M. Royden C. Astley and Morris W. Brody (Society Discussants): 'The Analytic Situation—Topological Considerations.'

O. Spurgeon English, M.D. (Speaker), Drs Charlotte G. Babcock and Catherine L. Bacon (Society Discussants): 'Freud's Earlier Theories on Technique and their Usefulness in Therapy Today.'

Rudolph M. Loewenstein, M.D. (Guest Speaker), Catherine L. Bacon, M.D., and Edward J. Carroll, M.D. (Society Discussants): 'Some Controversial Problems of Psychoanalytic Theory.'

Irene M. Josselyn, M.D. (Guest Speaker); O. Eugene Baum, M.D. and O. Spurgeon English, M.D. (Society Discussants): 'A Study of Ulcerative Colitis in Children.'

THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK, INC.

20 East 68th Street, New York 21, N.Y.

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Dr Philip Weissman (by invitation): 'A Study of the Characteristic Superego Identification of Obsessional Neurosis.'

Dr Ludwig Eidelberg: 'A Slip of the Tongue.'

Dr Nathaniel Ross: 'Rivalry with the Product.'

Dr Melitta Sperling: 'A Study of Deviate Sexual Behaviour in Children by the Method of Simultaneous Analysis of Mother and Child.'

Dr Leon L. Altman: 'West as a Symbol of Death.'

Dr William G. Niederland: 'Some Technical Aspects Concerning Treatment of Obsessive-Compulsive Patients.'

Dr Gilbert J. Rose (by invitation): 'An Ego-Psychological Contribution to a Case of Murder.'

Dr Ludwig Eidelberg: 'The Concept of Rape.'

Dr Alan J. Eisnitz (by invitation): 'Mirror Dreams.'

Various members have participated in the meetings of the American Psychoanalytic Association in December 1957, May 1958, December 1958, and April 1959. Tenth Anniversary Celebration of the founding of the Division of Psychoanalytic Education (Institute) by Dr Sandor Lorand, 4 April, 1959.

Of special interest—Child Psychiatry Department in University. Department of Psychoanalytic Education is sponsoring and selecting lecturers for Problems of Adolescence. This ends in the spring and sixteen will be published.

Erratum

In the last Report of Scientific Activities of the Component and Affiliate Societies, published in Volume XL, Parts 3-4, page 268, Guest Lecturers were listed as speaking to the Psychoanalytic Association of New York when in fact they addressed the Division of Psychoanalytic Education, College of Medicine, State University of New York.

SAN FRANCISCO PSYCHOANALYTIC SOCIETY

2380 Sutter Street, San Francisco 15, California

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Albert J. Lubin, M.D.: 'A Feminine Moses.'

Mary Alice Sarvis, M.D.: 'Mr "Cephalitis"' (Psychotherapy with a Brain Damaged Boy).

Josephine Hilgard, M.D.: 'Disruption of Adult Ego Identity Related to Childhood Loss of a Mother Through Psychosis.'

Joseph Weiss, M.D.: 'Intensity as a Character Trait.'

Norman Reider, M.D.: 'Percept as a Screen: Economic and Structural Aspects.'

Meyer A. Zeligs, M.D.: 'The Psychology of Silence.'

L. Bryce Boyer, M.D.: 'A Dream of a Western Athabaskan Medicine Man.'

Albert J. Lubin, M.D.: 'A Boy's View of Jesus.' 'The Influence of the Russian Orthodox Church on Freud's Wolf-Man: A Hypothesis.'

The San Francisco Psychoanalytic Society participated in the 1957 Western Divisional Meeting, American Psychiatric Society, joint meeting with

West Coast Psychoanalytic Societies, Los Angeles, California, 20-24 November.

Lectures by Anna Freud, 6, 7, 8 April, 1959.

Course on 'Psychoanalysis and Social Work.'

As a group the San Francisco Psychoanalytic Society/Institute has not been involved in research projects. However, several individual members are conducting research supported by grants from private and governmental foundations. Also a group with the Institute is involved in team research investigating the therapeutic process.

THE SEATTLE PSYCHOANALYTIC SOCIETY

2271 East 51st Street, Seattle 5, Washington

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Norman Reider, M.D.: 'Percept as a Screen.'

Douglass W. Orr, M.D.: 'Lionel Blitzsten as a Teacher.'

Fritz Schmidl, LL.D.: 'Psychoanalysis and Literary Criticism.'

E. S. C. Ford, M.D.: 'Functional Infertility and Associated Sexual Disorders.'

Richard Sterba, M.D.: 'Therapeutic Goals and Present Day Reality.'

Meyer Zeligs, M.D.: 'The Psychology of Silence.'

THE SOCIETY FOR PSYCHOANALYTIC MEDICINE OF SOUTHERN CALIFORNIA

1819 North Curson Avenue, Los Angeles 46, California

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Gerald L. Goodstone, M.D.: 'The Analysis of a Knife Phobia.'

Franz Alexander, M.D.: 'Unexplored Areas in Psychoanalytic Theory.'

George W. Wilson, M.D.: 'Discussion of a Dream Pair by a Patient with Early Essential Hypertension.'

Franz Alexander, M.D.: 'Impressions from the 4th International Congress of Psychotherapy in Barcelona, Spain, September, 1958.'

Martin L. Grotjahn, M.D.: 'Psychoanalysis and History—A Review of E. Erikson's "Young Man Luther".'

George J. Wayne, M.D. and Arthur A. Clinco, M.D.: 'Some Reflections and Psychoanalytic Observations about Olfaction—with Special Reference to Olfactory Dreams.'

Joseph M. Natterson, M.D.: 'The Psychoanalysis of a Case of Pernicious Vomiting.'

Sydney L. Pomer, M.D.: 'Necrophilia and Choice of Pathology as a Medical Speciality.'

Louis Paul, M.D.: 'Repeated Emotionally-Toned Interpretations: A Parameter of undo Firm Defence Mechanisms of Denial and Avoidance.'

August Kasper, M.D.: 'Review of K. Menninger's "Theory of Psychoanalytic Technique".'

Alexander S. Rogawski, M.D.: 'A Letter by Sigmund Freud.'

Milton L. Miller, M.D.: 'A Discussion of Thomas French's "Integration of Behaviour".'

This Society sponsored jointly with the Los Angeles Society for Psychoanalysis a series of lectures by Miss Anna Freud during the month of March, 1959.

The Institute's Clinic Committee has had special interest and activity in the following subjects:

(a) Motivation and readiness for psychoanalysis. Several patients applying for treatment at our clinic have been referred for specific, limited, goal-oriented psychotherapy for the purpose of clarifying the problem, motivation and readiness. One such patient has been returned for reevaluation and has been accepted for clinic treatment.

(b) The need for clinic-supported psychotherapy to certain patients who could not be accepted as analytic patients. Included in this group are patients with unusual problems of research interest, patients with the potential of becoming clinic analytic patients after a period of trial psychotherapy, patients with the potential of becoming private patients after release of internal pressure and improvement of their economic status.

(c) Development of an Institute-oriented education course for interested lay people. The purpose of such a course is to inform and interpret the public service aspects of our Institute . . . with emphasis on the clinic, to assist them in setting up their own educational programme for themselves and interested people, and to stimulate interest and support for the underwriting of research projects.

(d) The psychoanalytic investigation of the emotional problems of transexuals who wish 'conversion' operations. Circumstances allowed the Clinic Committee to become interested in this subject. A number of preoperative patients were interviewed to: (1) investigate the motive for the operation, and (2) try to determine the genesis of the feminine identity and the nature of the ego stability in this identity. The Committee plans to interview post-operative patients to: (1) investigate the personality after the operation, and (2) discover any possible sources of anxiety.

(e) The development of a careful screening procedure and criteria for evaluating patients for our candidates in training. Interviews are tape-recorded, and the following guide has been developed to aid in determining acceptability: (1) main complaints, psychoneurotic symptoms; (2) intellectual and work attainments above standard; (3) interpersonal relationships, showing some indications of maturity; (4) current emotional capacity and motivations, demonstrate strong drives for health and success; (5) goals of treatment obtainable in present environmental setting; (6) motivation and elasticity to shift identification and personality traits.

THE TOPEKA PSYCHOANALYTIC SOCIETY

3617 West Sixth Avenue, Topeka, Kansas

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

By Members of the Society:

Dr Karl Menninger: 'Footprints.'

Dr Ishak Ramzy: 'The Plurality of Determinants in Psychoanalysis.'

Dr Lester B. Luborsky: 'Artificial Induction of Day Residues.'

By Outside Guests:

Dr Margaret Little: 'Notes on Technique in the Analysis of Transference Psychosis.'

Dr Phyllis Greenacre: 'Play and Creative Imagination.'

Dr Maxwell Gitelson: 'A Critique of Current Concepts in Psychosomatic Medicine.'

Dr Charles Fisher: 'Subliminal and Supraliminal Influences on Dreams.'

Dr Charles Brenner: 'The Concept "Preconscious" and the Structural Theory.'

Some members of the Society are working on projects of the Menninger Foundation, in particular the Psychotherapy Research Project of the Foundation.

THE WASHINGTON PSYCHOANALYTIC SOCIETY

1720 M Street, N.W., Washington 6, D.C.

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Dr Daniel Prager: 'A Fantasy of Penis Grafting and Castration.'

Panel discussion on 'Negative Therapeutic Reaction.' Panel: Dr Rex E. Buxton, Dr Stanley L. Olinick, Dr Leon Salzman.

Panel discussion on 'Despair.' Panel: Dr Leslie H. Farber, Dr Herman A. Meyersburg, Dr Otto A. Will, Jr.

Dr David Eden: 'A Problem of Countertransference Anxiety.'

The Society has instituted a new category of members, designated as Research Affiliate Members. This membership is open to those individuals who are not physicians but whose principal occupation during the previous ten years has been in the field of pure or applied research or psychoanalytic investigation as applied to psychoanalytic theory and technique, or as applied to the allied sciences. This category of membership is created in order that non-medical applicants, trained in the Washington Psychoanalytic Institute, may continue a mutually profitable relationship with the Society upon the completion of their training.

WESTERN NEW ENGLAND PSYCHO-
ANALYTIC SOCIETY

333 Cedar Street, New Haven 11, Connecticut.

REPORT OF SCIENTIFIC ACTIVITIES, 1958-59

Augusta Bonnard, M.D.: 'Pre-Ego Body Types
of Pathological Mental Functioning.'

Roy Schafer, Ph.D.: 'On Generative Empathy.'

Samuel Ritvo, M.D., Sally Provence, M.D.,
Eveline Omwake, M.A. and Albert J. Solnit, M.D.,

'Report From a Longitudinal Study in Child De-
velopment.'

Lawrence S. Kubie, M.D.: 'A Neurosis from
Two to Seventy.'

Richard Karpe, M.D.: 'The Rescue Complex in
Anna O's Final Identity.'

Norman Cameron, M.D.: 'Introjection, Re-
projection and Hallucination in the Interaction of a
Schizophrenic Patient and his Therapist.'

Stanley A. Leavy, M.D.: 'Development of
Religiosity in Childhood.'

Alfredo Namnum, M.D.: 'On Secrets.'



ROSTER
INTERNATIONAL PSYCHO-ANALYTICAL
ASSOCIATION

1959-1960

117TH BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
PEARL H. M. KING, HON. SECRETARY

*LIST OF MEMBERS OF THE COMPONENT AND
AFFILIATE SOCIETIES OF THE
INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION
1959-1960*

Issued August, 1960

We notice that in many instances the spelling of names of the individual members and their addresses differs on different lists sent to us by the Component Societies of the International Psycho-Analytical Association or by the Affiliate Societies of the American Psychoanalytic Association. In order to avoid such inconsistencies and errors in future listings, the individual members of each group are requested to notify the Hon. Secretary of the International Psycho-Analytical Association, Miss Pearl King, 37 Albion Street, London, W.2., England, DIRECTLY of the correct spelling of their names and their addresses, and of any change of address in future.

In order to save space and to make it possible to print the Roster annually we have decided not to repeat the addresses of members of the American Psychoanalytic Association in the list of members of the Affiliate Societies to which they belong.

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OFFICERS AND CENTRAL EXECUTIVE OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

Honorary President

Dr Heinz Hartmann, 1150 Fifth Avenue, New York 28, N.Y., U.S.A.

Honorary Vice-President

Mme Marie Bonaparte, 7 Rue du Mont-Valérien, Saint-Cloud (S. & O.), France

Officers (1959-1961)

President

Dr William H. Gillespie, 12 Devonshire Place, London, W.1., England

Vice-Presidents

Dr Grete L. Bibring, 47 Garden Street, Cambridge 38, Mass., U.S.A.
 Dr Ruth S. Eissler, 300 Central Park West, New York 24, N.Y., U.S.A.
 Miss Anna Freud, 20 Maresfield Gardens, London, N.W.3, England
 Dr Maxwell Gitelson, 55 East Washington Street, Chicago 2, Ill., U.S.A.
 Dr Willi Hoffer, 21 Grove End Road, London, N.W.8, England
 Dr Jeanne Lampl-de Groot, Haringvlietstraat 39, Amsterdam Z, Holland
 Dr Raymond de Saussure, 2 Tertasse, Geneva, Switzerland

Hon. Treasurer

Dr Phyllis Greenacre, 35 East 85th Street, New York 28, N.Y., U.S.A.

Hon. Secretary

Miss Pearl H. M. King, 37 Albion Street, Hyde Park, London, W.2, England

FORMER PRESIDENTS AND CONGRESSES OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

		<i>Year</i>	<i>Place</i>	<i>President</i>
1st Congress	.	1908	Salzburg, Austria	Informal meeting
2nd "	.	1910	Nuremberg, Germany	Carl G. Jung
3rd "	.	1911	Weimar, Germany	Carl G. Jung
4th "	.	1913	Munich, Germany	Carl G. Jung
1914-1918: World War I				
5th "	.	1918	Budapest, Hungary	Karl Abraham
6th "	.	1920	The Hague, Holland	Ernest Jones (Prov. Pres.)
7th "	.	1922	Berlin, Germany	Ernest Jones
8th "	.	1924	Salzburg, Austria	Ernest Jones
9th "	.	1925	Bad Homburg, Germany	Karl Abraham
10th "	.	1927	Innsbruck, Austria	Max Eitingon
11th "	.	1929	Oxford, England	Max Eitingon
12th "	.	1932	Wiesbaden, Germany	Max Eitingon
13th "	.	1934	Lucerne, Switzerland	Ernest Jones
14th "	.	1936	Marienbad, Czechoslovakia	Ernest Jones
15th "	.	1938	Paris, France	Ernest Jones
1939-1945: World War II				
16th "	.	1949	Zurich, Switzerland	Ernest Jones
17th "	.	1951	Amsterdam, Holland	Leo Bartemeier
18th "	.	1953	London, England	Heinz Hartmann
19th "	.	1955	Geneva, Switzerland	Heinz Hartmann
20th "	.	1957	Paris, France	Heinz Hartmann
21st "	.	1959	Copenhagen, Denmark	William H. Gillespie

COMPONENT SOCIETIES OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

NORTH AMERICA

AMERICAN PSYCHOANALYTIC ASSOCIATION

One East Fifty-Seventh Street, New York, 22, N.Y.

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